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ABSTRACT

Special education teachers at the graduate level developed a model noncategorical preschool program for five normal or severely handicapped children which incorporated parent training and behavioral research. The staff assumed such tasks as designing classroom/clinic/observation areas, arranging for materials, training parents, and attending meetings. For each of the five students, 4- to 6-years-old, who were normal or had handicaps of oppositional behavior, Down's syndrome, physical and speech handicaps, or autism, assessments were made according to functional areas, skills, and personal-social characteristics. A curriculum involved gross, fine, and perceptual motor training; color and shape discrimination; letter, number, and word recognition; and creativity expression. Behavior modification procedures included primary, (candy or cookies), and secondary reinforcement (praise, or hugging); continuous music; and timeout. Parents learned through observing children, taking a behavior management class, recording behaviors, and teaching. Data indicated that the five children acquired from 14 to 27 skills; that four children attained a minimum of two out of five competency levels for each of seven developmental areas; that four children achieved full competency in one developmental level. Data indicated directions for an experimental research design, and support for early intervention, parent training, and individualized programs. (MC)

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NON-CATEGORICAL PRESCHOOL MODEL PROGRAM

A Documentation

Presented to

The Department of Special Education

University of Southern California

June 1973

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PREFACE AND ACKNOWLEDGMENTS

In the fall of 1972, graduate students in the Department of Special Education at the University of Southern California, in an attempt to broaden the services of the Clinic for Exceptional Children, began initial steps in formulating a preschool for severely and profoundly handicapped children. The program within this preschool was based on the following orientation; the prime importance was the commitment to service for severely handicapped children within a non-categorical framework. Children were selected for placement in the preschool on the basis of the severity rather than the category of the handicap. An equally important commitment of the preschool was the involvement and training of parents in handling their children's behavioral and learning problems.

The facility, which is located in the School of Education at the University of Southern California, is a self-contained area comprised of a classroom, four individual training rooms, and a parent conference room. The preschool program, containing five children, operates two hours daily five days a week.

Although the major concern is to provide service to children and their parents, the program provides opportunity for educational and behavioral research, and teacher training at the graduate level.

This report describes and discusses preschool-related activities and the implications which may be derived from our experiences and empirical findings. The report represents the efforts and dedication of a great many individuals who are part of the Clinic staff or who were associated with the preschool during the past year. It is not feasible to describe and acknowledge every individual's contribution; however, there are some individuals whose intensive participation in

various aspects of the project should not go unmentioned.

Of major importance throughout the project has been the leadership of Dr. Robert Rutherford, Director of the Clinic for Exceptional Children. Without his foresight, initiative, and encouragement this project could not have been undertaken. Dr. Rutherford helped coordinate the various facets of the project and contributed many essential ideas. Other individuals who were of central importance to the project were Rick Blackley, who took a special interest in the preschool and contributed his experience and thoughtfulness; Gwenn Jacquet, our secretarial associate, who carried out a great many tasks in addition to her regular responsibilities; the Instructional Materials Center staff, who provided the many materials needed in working with the children; Joan Allison, who provided assistance in attaining operating funds; the parents--Ernest, Judy, Latoria, Marva, and Sharon--who, in a very real sense, were the core of this project due to their dedication and long hours spent in learning behavioral techniques, developing materials, and participating in all facets of the classroom operation.

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INTRODUCTION

INTRODUCTION

Since the midsixties there has been an unprecedented demand by both parents and educators to identify and educate children with handicaps as early as possible. The efforts of such programs as Head Start and the National Laboratory on Early Childhood have informed the professional and lay public regarding the capacity of young children to learn and regarding the need of early learning experiences for the full development of the child's potentials. Such efforts are now becoming realized by educators such as Merle Karnes who states that "...administrators of special education are beginning to reorder their priorities and allocate large proportions of the funds available to them to the identification of and early programming for young handicapped children. They are beginning to more fully recognize that the young years are the 'payoff' years" (1973:XIV). In recent years there has been a growing belief among those committed to early education of children that appropriate instruction in the early years will result in the child functioning at a higher level both educationally and socially.

In accordance with the demand for early education, many programs have been initiated under the premise that handicapped and non-handicapped children were not necessarily best served in segregated programs. Dunn presents the philosophy of many current educators when he states, "Much of our past and present practices are educationally wrong. We have been generally ill-prepared and ineffective in educating these children. Let us stop expanding a special education program that we know to be undesirable for many of the children we are dedicated to serve" (1968:5). Dunn's contention is that the categorizing of people and of programs

creates several problems. The tendency to assign stereotyped characteristics of a group to individuals is frequently in error and often prejudicial to the interests of the individual. Labeling of children often creates stigmas which may eventually develop into self-fulfilling prophesies of inadequacy. Too often categorization implies educational treatment based upon the characteristics of the category rather than upon the unique educational needs of the child. Christoplos and Renz contend that "...if clearly beneficial objectives, unique for a particular exceptionality, cannot be identified, then the exceptional group in question should not be segregated from normal society" (1969:375).

In the many proposals for Early Intervention programs, the Bureau of Education for the Handicapped has encouraged the use of a variety of systems for delivery of services to the young handicapped child. Accordingly, one of the latest innovations has been the involvement of parents in the educational programs of their children. The results of recent programs utilizing parent participation indicates many benefits for both parent and child. Barsch (1969) has commented that no parent is ever prepared to be the parent of a handicapped child. Further, they are equally unprepared to undertake their children's education either unassisted or with only sporadic professional assistance. Assuming that parents are one of the most influential educators of their child, systematic training in the parents' ability to promote the child's social, cognitive, and emotional development maximizes their effectiveness as teachers. Furthermore, in addition to the benefits derived by both parent and child, the effectiveness of the entire educational pro ram is enhanced by the unique skills and knowledge contributed by the parent.

In response to the demands for early intervention, non-categorical programs, and parent training and educational involvement, graduate students at the University of Southern California initiated a preschool program in the Clinic for Exceptional Children. This monograph is a report of the results of the first year of this program.

REVIEW OF LITERATURE

REVIEW OF LITERATURE

EARLY INTERVENTION

Early education for the handicapped child is not merely a downward extension of elementary education, but a field of study in itself. Martin (1970) points out that early intervention may prevent the need for later special education at the elementary and secondary levels. Furthermore, the severity of the handicapping condition may be reduced in addition to preventing possible secondary emotional problems which often accompany the handicap. In fact, to a large extent, the observable value of early experience for the handicapped child has led to the generalization that early intervention is effective for all children.

Kirk (1958) discovered that exogenous handicapped children and environmentally deprived children benefitted the most from early intervention programs. Caldwell and Richmond (1968) substantiated Kirk's findings by showing a high positive correlation between extent of deprivation of the family from which the children came and the extent to which the children responded to the enrichment program. Flint (1966) studied 83 infants and preschool institutionalized children from emotionally and culturally deprived backgrounds. After an intensive early intervention program, the children gradually showed significant improvement in emotional, social, and speech development and became increasingly competent in self-help skills.

While many early intervention programs for the disadvantaged have been successful, it is necessary to examine the reasons for the apparent failure of the Head Start program. Spicker (1971) contends that the failure of Head Start should not reflect on the effectiveness

of all early childhood programs. New models concerned with intellectual and cognitive development, perceptual-motor development, and the acquisition of academic skills have been developed since the Head Start program, which was based primarily on the traditional nursery school curriculum. As Spicker points out, many variable factors such as optimum age for intervention, curriculum models, home intervention, and differing lengths of programs, affect the success of early intervention programs.

A major question of administrators and teachers concerns the educability of intelligence. To date, early intervention programs for disadvantaged children have resulted in significant gains in cognitive and intellectual development. Can these findings be generalized to the mentally retarded child, whose potential intellectual capacities are much more limited? As far back as 1909, Binet asserted that mental retardation was "curable" by education. Kirk (1958), in a study of 81 mentally retarded children between the ages of three and six, found that 70% of the children who received preschool training showed an acceleration in rates of cognitive growth and retained that level in a subsequent follow up study. Forbes and Raschick (1979) studied an academic compensatory education preschool program for educable mentally retarded children from three to five years of age. Using behavior modification techniques, the program reported a 17-month average gain in language over 7 1/2 months, improved behavior and self-concepts, longer attention spans and ability to delay gratification, and substantial gains in academic skills.

Although early intervention programs are relatively new in the field of education, their applicability is widespread, as indicated by the many programs designed to educate various types of exceptional children. Brunner (1972) reported on an early school admissions program

in which successful reduction in the occurrence of learning disabilities was achieved due to early identification and correction of problems and focus on individual strengths and needs at an early stage. Adkins and Waler (1972) stated the need of learning disabled children to start school at an earlier age in a special setting not only to acquire academic skills, but also to prevent or reduce in severity concomittant future educational, emotional, social, and vocational handicaps. Dunn (1969), described child development and reading from a pediatric viewpoint, emphasized the need to catch the children before they experience failure in the reading program in the elementary school.

Block (1971) described an early childhood education program for emotionally disturbed children without language development that emphasized verbal learning. Children with diagnosis of emotional disturbances or neurological handicap with severely impaired emotional, intellectual, and social functioning made significant improvements in the program.

Ross (1972) discussed the early management of aural rehabilitation with the objective of minimizing the need for later aural rehabilitation. The stated rationale for early training was the prevention of the development of secondary learning and behavioral problems that may limit the effective use of residual hearing. In the area of language disorders, Fisher (1971) emphasizes the importance of early auditory training for children and the significance of the family environment on the children's early language instruction. In a study by Vernon and Koh (1971), results of an oral preschool education for deaf children were compared to the absence of preschool training, but an oral environment without manual communication, and the absence of preschool training and an environment

of early manual communication. Those children who had early manual communication and no preschool were found to be superior academically and in language skills to children who had had intensive 3-year preschool training without manual communication training. Those who had an oral environment but no preschool were equal in academic achievement, oral skills, and written language to those who had had oral preschool. Thus, even though the formal preschool program apparently made no significant difference, children in all three groups benefited from the early intervention.

Rohiver (1971) questions the value of early childhood education, stating that early childhood may be an inefficient period in which to teach skills more readily acquired in adolescence. He also advocates that the present nature of early childhood should be changed on the basis of his hypothesis that the longer formal instruction is delayed, up to certain limits, the greater the period of plasticity and the higher the ultimate level of achievement. However, the great majority of the research on early intervention explicitly states that the negative effects of handicapping conditions on such important aspects of development as intellectual functioning, language, self-concept, motivation, health, and physical being, as well as the social and emotional domains, could best be combated through intervention during the preschool years. As Gallagher contends, "The establishment of quality preschool services for handicapped children is a clear priority for special education. Our knowledge of research in child development is consistent with that goal, as is our accumulated experiences in special education" (1973:182).

REVIEW OF LITERATURE

PARENT TRAINING

Although it has long been assumed that parent education can make a meaningful contribution to child development, recent early childhood programs often utilize parent participation on the premise that parents can make a unique active contribution to the development of their children. Rather than functioning as receivers of information and advice from experts, parents are now assuming full responsibility with educators in developing educational programs for their children.

Results of research by Blatt and Garfunkel (1969) suggest that it is not enough to provide preschool disadvantaged children with an enriched educational opportunity, since the children were influenced more by parents in the home setting. In a parent education program at the University of Florida, Gordon (1969) found that children in the experimental program, which included training parents in child development and interpersonal relationships, progressed more rapidly than those children whose parents did not receive the training. Lambie and Weikart (1970) stressed that the process of a teacher, a mother, and an infant getting ready to learn together was a critical one. In an attempt to assess the influence of parent involvement in preschool programs for disadvantaged children, Radin (1968) conducted a study in a preschool in Ypsilanti, Michigan. One hundred four-year old children were served, half of whom were black, and half white. Parents were trained not only in curriculum which centered on cognitive functioning, but also in behavioral management skills. Although the results of Radin's current program are unavailable, an earlier pilot project produced significant gains on the Stanford-Binet and the PPVT. Wargo, Campeau, Tallmadge (1971), in a federally

funded Verbal Interaction Project found results similar to those of Radin's. In an attempt to modify early cognitive experience of disadvantaged young children, children were provided with a home-based verbal stimulation program. Parents actively participated in all aspects of the program. On the basis of pre and post tests, the investigators concluded that subjects had made a significant mean IQ gain of 17 points. These results were validated by a follow-up test administered 30 months after the pretest. A preliminary report by Caldwell, Elardo, and Elardo (1972), in a study at the University of Arkansas, shows results contrary to those by Radin and Wargo, et al. Four treatment groups each containing 30-32 infants were used to illuminate the success of an intervention program stressing the parent-child unit. Results for three of the treatment groups showed a decline on the Bayley Scales of Infant Development; however, no data is available for the fourth group. Although treatment groups showed a decline on post-test, the authors concluded that their intervention may have a cumulative effect which could appear at a later date. Research trends indicate that parent involvement in preschool programs for disadvantaged children results in significant gains in a child's cognitive and emotional growth.

Although parent participation has been used most often in relation to programs for disadvantaged children, it applies with equal validity to the education of other types of exceptional children. In a program for ten blind infants Fraiberg, Smith, and Adelson (1969) focused upon the first 18 months of life during the "critical period of ego formation." The authors concluded that great importance must be placed on the promotion of the "love bonds" between a blind infant and his parents. Luterman (1967) reported on a program involving parents and their deaf

preschool children which was initiated at the Robbins Speech and Hearing Center in Boston. Although problems arose inherent in working with parents such as overdependency on the part of parents and focus on the parents rather than the child, at the conclusion of the program the group appeared to manifest progress. Horton (1968), at the Bill Wilkerson Speech and Hearing Clinic in Nashville, did not attempt to transform the parent into a teacher, but rather capitalized on the parent's natural way of stimulating the child. While no objective evaluation of the program was made, there was indication that the program had distinct assets.

Jackson, Evenson, and Elzey (1971) conducted an experimental project for preschool multiply handicapped rubella children. Parents participated in the program in a variety of ways such as assisting in the classroom and working as paid aides. The children showed cognitive gains at the conclusion of the program. However, the authors acknowledged that it was difficult to attribute the results to parent participation and not other intervening variables such as maturation. Hunter and Schueman (1967) developed a program for retarded infants at the Shield Institute for Retarded Children in New York. The program's main emphasis was upon the mental health of the family and a multidisciplinary training program for mother and child. On the basis of pre and post evaluation by teachers, it was concluded that the home training had a beneficial effect. In the absence of a control group, however, the investigators caution against misinterpretation. A project at the West Suburban Special Education Center in Illinois used parents as volunteer aides in the classroom for TMR children. Some children in the school also had other handicaps. Benson and Ross (1972) conclude that the children

gained in such areas as self-care, language, and concepts as a result of the program. Another important asset of the program was the carryover of tutoring activities to the home.

At the League School in New York an effort was made to improve the functioning of young mentally ill children through work with their parents. While the results showed no significant gains in IQ scores between groups, the experimental subjects did show gains in six of seven subcategories of the Vineland.

A one year project at United Cerebral Palsy of Queens evaluated the effects of an intervention on neurologically impaired children and their families. An informal teacher rating scale served as pre and post treatment evaluation of the children's physical, social, and intellectual growth. Results showed a positive change on all these variables.

Slater (1971) focused on kindergarten children with learning disabilities and their mothers. Post test results indicate that children whose parents were involved in training did significantly better than the children whose parents were not involved in training on the Bender-Gestalt Test. These gains, however, were not indicated on the Metropolitan Readiness Test or a human figure drawing test. Upon comparison of parent programs for the disadvantaged and those for handicapped children, there is an evident need for more formal evaluations of such programs. Although most programs for the handicapped appear to show significant changes when parents are involved, these results require substantiation.

Calvert (1971) stressed the need for parent involvement as a purposeful part of early education programs. Olshin (1971) concurs with this view when he expressed the belief that the parents can often be regarded as the most important intervening agent between preschool and child.

The recent emphasis on parent involvement is reflected by Zigler (1971) who states that the program that "impacts the child the most" is one that involves the parent interacting with his own child. Considering the limited contact a professional can have with the child, it is imperative that the parent be involved in implementing the child's educational program.

REVIEW OF LITERATURE

NON-CATEGORICAL

A significant trend in special education is toward a non-categorical approach in educating young handicapped children. Analysis of social and emotional factors in learning disabilities demands that a child needs to be viewed first as a child with normal needs and second as an individual with a handicap. Trippe states that "...the physical environment must be modified for crippled children and program modifications must be made for the delicate child. The blind child must learn braille and must learn to find his way around with relative independence. The retarded child may be limited in rate of progress and expected level of development. The differences in educational programming, however, are most often related to physical arrangements and the need for additional or alternative skills. The ways of learning are no different" (1966:244). Trippe also points out that preoccupation over differences between groups persists even though educators are becoming more aware that many children are diagnosed as mentally retarded and emotionally disturbed on a socio-economic basis.

Reynolds contends that educators should realize that a "category" is merely a delusion, and that no actual child possesses all of the characteristics of a given category. As a result, it is impossible for any two children within a category to be alike in all respects. As an alternative, Reynolds proposed that a different approach be used in which each of the traditional categories of exceptional children could be considered as representing complex sets of variables. Reynolds distinguishes between two general types of variables which he refers to

as source variables and decision variables. Source variables represent the sources of the educational problems, such as mental retardation or emotional distrubance, which serve to alert educators to existing or potential problems. Decision variables, on the other hand, indicate an analysis of the problem, rather than a mere label, which hopefully points to appropriate educational techniques and procedures. As Reynolds explains, decision variables may not always refer to characteristics of the child, but rather to the environmental situation in which he interacts. Reynolds contends that this pattern of thinking, placing prime significance on the unique needs and variables of each individual child rather than on general categorical characteristics, should promote the current trends of removal of labels which reflect "fragile educational decisions and placements." Dunn supports this position by stating that "...the need for disability labels is reduced. In their stead we may need to substitute labels which describe the educational intervention needed" (1968:15).

Lilly proposed that educators move from defining exceptional children to defining exceptional situations within the school:

> An exceptional school situation is one in which productive interaction between a student and his teacher has been limited to such an extent that external intervention is deemed necessary by the teacher to cope with the problem. (1971:3)

From such a definition, Lilly contends that a system would emerge in which "it is not assumed that all school problems are centered in the child and that removal of children from problem situations is beneficial for everyone involved."

Concerning the great amount of research on the efficiency of special classes, Lilly points out that these efficacy studies have

produced conflicting evidence, although possibly a greater amount of the data suggests that special programs actually do not produce superior results to regular class settings. Goldstein, Moss, and Jordan (1965) found that EMR's in the regular class achieved significantly higher reading scores at the end of a two-year period, although EMR children in the self-contained class caught up to the former group at the end of a four-year period. Although results concerning efficacy studies are indeed inconclusive, the fact remains that the effectiveness of the traditional special classroom based upon categorization of children is highly questionable.

Vreeland contends that "it is unreal to talk of continuing to add new categories of exceptionality, of establishing and identifying the characteristics of the new exceptionalities..."when the un-met needs of untold numbers of children continued to be ignored. Rather, a vital reorganization of thinking and programming in regard to children's needs throughout the entire educational enterprise is required by the challenge of the day" (1970:4).

Empey (1967) feels that "when there is no consensus on objectives, there is no logical means for choosing one approach over another...It would not make sense to initiate an experimental effort unless objectives were made explicit and a set of priorities chosen" (1967:4-5). If the goal of an educational program is directed toward the remediation of specific deficits characteristic of a single exceptionality, the traditional categorical-based program may be appropriate. However, if the program encompasses the broader goal of providing the child not only with remediation of individual problems, but also with the opportunity for educational focus on cognitive, social and emotional growth, the non-categorical approach may be most effective.

PRESCHOOL STAFF

The original staff members involved in planning and initiating the preschool program were trainees from the Department of Special Education at the University of Southern California. The members of this staff were Jacqueline Bolen, Suzi Burrin, Ronald C. Chan, James E. Leigh, Martin Lieberman, and Linda Pollard, under the guidance of Dr. Robert B. Rutherford, Director of the Clinic for Exceptional Children.

The tasks of this group were to 1) observe and evaluate existing preschool programs, 2) investigate the possibility of applying for a grant which would fund the program in the future, 3) develop materials which could be utilized with the preschool children, and which could not be immediately purchased due to limited funds, 4) construct a room environment which would be conducive to meeting the educational needs of the children, 5) plan a budget for the semester based on fees charged to the parents, and 6) delineate responsibilities of staff members.

Upon completion of initial planning for the program, the preschool staff was expanded to nine members. Helen Lee and Victoria Morrow joined the staff as classroom teachers. The dissemination of responsibilities for the staff was:

Jacqueline Bolen--Coordinator of Curriculum and Materials and Teacher

Suzi Burrin--Coordinator of Curriculum and Materials and Teacher

Ronald C. Chan--Coordinator of Behavioral Management

Helen Lee--Teacher

James E. Leigh--Coordinator of Communications

Martin Lieberman--Master Teacher

Victoria Morrow--Teacher

Linda Pollard--Research Coordinator and Coordinator of Parent Training

Dr. Robert Rutherford--Director of the Clinic for Exceptional Children

Each staff member was capable of substituting and assuming the responsibilities for any other member of the staff. The responsibilities of each staff member were carefully defined to maximize his capabilities and to delineate channels for communication.

Responsibilities of the Teachers included:

1. Planning and conducting activities for the children in the classroom.
2. Serving as clinicians during an individual half-hour period for each child.
3. Developing lesson plans for each child during the periods of individual instruction.
4. Writing monthly progress reports for each child.
5. Developing appropriate curriculum and materials for working with each child.
6. Supervising parents while working with their children in the classroom.

In addition, the Master Teacher was responsible for:

7. Conducting weekly meetings with the parents.
8. Developing classroom forms such as lesson plans, progress reports, etc.
9. Scheduling and coordinating activities of all staff members.

Responsibilities of the Coordinator of Behavioral Management included:

1. Initial screening and assessment of applicants for the program.
2. Collecting specific behavioral data on children throughout operation of the program.
3. Developing forms appropriate for behavioral observation and recording.
4. Operating monitoring and recording devices such as the video tape recorder and the bug-in-the ear equipment.

5. Establishing specific behavioral procedures such as time-out schedules of reinforcement, types of reinforcers, etc.

6. Continuous evaluation of program effectiveness.

Responsibilities of the Coordinator of Parent Training included:

1. Scheduling the parents for direct involvement in the preschool program.

2. Designing lesson plans which would be used in formal training of the parents.

3. Explaining parent responsibilities while working in the classroom.

4. Providing feedback to parents concerning classroom participation and home intervention.

5. Working with parents in constructing materials for their children.

6. Collecting fees from the parents.

Responsibilities of the Coordinator of Communications included:

1. Disseminating information concerning the new preschool program through written and personal contacts to special education facilities in the Los Angeles area.

2. Coordinating the screening of referrals and making initial contacts concerning prospective students.

3. Establishing the agenda for the weekly preschool staff meetings.

4. Facilitating communication and interaction both within the preschool staff and between the staff and other areas of the Department of Special Education

Responsibilities of the Coordinators of Curriculum and Materials included:

1. Collecting initial teaching materials.

2. Ordering materials not readily available.

3. Purchasing weekly expendable supplies (nutrition, paint, tape, etc.).

4. Establishing learning centers within the classroom.

Responsibilities of the Research Coordinator included:

1. Reviewing literature concerning current trends in special education.

2. Compiling a bibliography of early childhood education in the areas of language, parent training, etc.

Responsibilities of the Director of the Clinic for Exceptional Children, with regard to the preschool, included:

1. Selecting initial staff members.

2. Making suggestions and decisions regarding preschool policies and commitments.

3. Providing assistance in solving specific problems.

4. Coordinating interaction between the staff members and the Administration and Faculty of the School of Education.

The entire staff attended weekly preschool staff meetings for the purposes of:

1. Defining goals and terminal objectives in working with the children.

2. Establishing each child's individual curriculum for the following week.

3. Discussing specific techniques and procedures in order to insure consistency in working with the children.

4. Reporting on educational activities of individual staff members which were of interest to the entire preschool staff.

5. Discussing specific problems which arose in working with either the children or parents.

6. Developing future projects and presentations concerning the preschool.

7. Deciding on the scheduling of time and activities of teachers and clinicians.

Future projections regarding involvement and responsibilities of preschool staff members include:

1. Developing a systematic method for obtaining referrals and proposing future placements.

2. Compiling data and designing projects for research purposes.

3. Initiating a teacher training program in the preschool.

4. Establishing channels of communication between the preschool program and other areas in both the School of Education and other schools in the University.

*** PRESCHOOL STAFF MEETING AGENDA ***

3/20/73

11:50-11:55	Open Discussion
11:56-12:03	La Randa
12:04-12:11	Brian
12:12-12:19	Kristine
12:20-12:27	Phillip
12:28-12:35	Report and discussion on fifth child for preschool
12:36-12:50	Report on visit to another preschool
12:51-1:05	Discussion on parent participation
1:06-1:10	Closing comments

Can you think of anything at this time that you would like to be included in next week's meeting? If so, approximately how much time would it take?

TOPICS	TIME NEEDED
1.	
2.	
3.	

Name_____

CLASSROOM AND CURRICULUM

Preschool Facility

The Preschool Unit of the Clinic for Exceptional Children is located on the fourth floor of the U.S.C. School of Education, Waite Phillips Hall. The preschool classroom within the clinic is the area designated for all academic and social interaction situations, including concept time, juice time, and music. The preschool used four small rooms located in the Clinic. These rooms are equipped with video tape recorders and one way mirrors for parent and visitor observation of clinical sessions, testing, and time out procedures. A large open area with a conference table and several chairs is used for staff meetings, parent training classes and parent development of materials. The preschool also made use of the waiting room area, secretarial station for preschool files and a bathroom located adjacent to the Clinic. (See Figure 1.)

The classroom was initially designed to be used as a student workroom. Major remodeling consisted of carpeting the floor, installing a 3 x 5 one way observation mirror, removal of a built-in work bench and installation of video tape monitoring equipment. The room is 19 x 13 with one wall of built-in floor to ceiling cabinets and one wall of windows, with overhead fluorescent lighting. The room can only adequately maintain a group of 5 or 6 children. Equipment purchased to furnish the room consisted of 3 trapezoidal tables, 8 primary chairs, 1 wastecan, 4 storage cabinets on casters, 6 plastic colored cubes, child's metal standing mirror, 6 rest mats. The staff, in addition,

built 1 storage cabinet, 1 paint easle, and refinished an old cabinet for a self-care center and painted 6 orange crates for children's lockers.

The room is arranged for maximum flexibility in reorganization according to the children's individual needs. All furniture is light and mobile to be rearranged for group or individual sessions. The room is organized into learning centers--self-care area, music area, academic area, group circle and manipulative area. (See Figure 2.) However, the structure of the day is pre-planned allowing the children free play in any area only 15 minutes before the school day begins This is stressed to impress upon the children a task orientation of the classroom rather than a play area orientation.

Extra equipment used in the room consists of 3 sets of blocks - varying sizes and colors, 1 record player, 1 digital clock, 1 timer, assorted toys and instructional materials, posters, plants, measuring cups, doll house and furniture, 1 triangle, musical instruments, table setting, play hats, puppets, trucks and planes, Raggedy Ann and Andy dolls, chalkboard and 7 small bulletin boards for display of children's art.

The floor is taped off with colored tape and furniture was arranged to designate specific work areas. All of the furniture in each area is color coded the same e.g., Red Tape, Red Furniture - Self-Care Area, Blue Tape, Blue Furniture - Manipulative Area. This is done to stress the function of the area and set boundaries for the children, thus giving order to their environment. This room arrangement also facilitates using areas for individualized instruction for children needing a stimulus free learning environment. The circle area is the group

gathering place for opening and closing activities. Each child has a mat labeled with his name to sit on during circle time. This encourages his feeling of ownership and participation in the room and his feeling of worth and belonging. At the round table each child's place is marked with his name and he is encouraged to find his name and place at that table and to recognize the other children's names. The children are placed next to those who would benefit them most in social interaction or verbal interaction. Here activities of the group such as juice and art occur and individual academic sessions are carried out. Each child has his locker labeled with his name and is expected to put away and retrieve his own coat or sweater. The child's materials for that day are located on top of his locker and if possible, he brings to the table his materials for a specific work session and then puts them away in preparation for the next session.

All unnecessary or distractable items which could interfere with the child's learning or behavior are kept out of sight. Far from creating a sterile atmosphere, the room is bright and conducive to working for both teachers and children. All materials are located at the children's level to encourage independence and self-reliance in choosing and putting away materials. Items for juice time, such as cups, napkins, juice, crackers, are all at their level to encourage their participation in setting the table, serving and cleaning up.

Daily Schedule

The preschool daily schedule is designed as a balance between prescriptively individualized activities, group activities for social interaction and a balance of movement or motor activities as opposed to

academic or table work. (See Figure 3.)

A kitchen timer is used to designate the end of each task session. The children are encouraged to listen for the "bing" and move on to the next activity with the least amount of direction needed. The children's toilet needs are attended to by the parents once just before school and by the teacher once just after juice. The day consists of a 15-minute opening activity at 10:00 when children are greeted, encouraged to put coats away and sing a welcome song, "Who Came to School Today," using verbalizations of names, clothes, colors, and feelings. At this time a daily living skill such as buttoning, zippering, matching common objects, screwing lids on jars, watering plants, etc., is explored. The buzzer sounds at 10:15 and the children move with their teacher for that session to Manipulative Time. All the children remain in the same room, but work individually on their prescriptive tasks. According to particular needs some children are placed in pairs for this 15-minute period or isolated by means of furniture arrangement or body positioning for maximum effectiveness with that child.

At 10:30 the buzzer sounds and the children are taken by the clinicians to the individual rooms for 30 minutes of individual clinical work in a one-to-one setting. The session content is varied to meet the critical needs of each child. For example, the clinical sessions for four children consist of programs on: Attention Shaping, Body Image, Language Development, and Fine Motor Coordination. At 11:00 the children meet as a group for a 15-minute juice time. Items such as crackers with peanut butter they can spread, bananas they can cut, and juice they can pour are served. The children are required to verbalize what they want before they receive it. Every effort is made to get

the children to make demands upon their environment. For the non-verbal, any kind of verbal approximation is reinforced. The children are encouraged to speak and interact with the teachers and the other children. Each child cleans his place, throws away his paper cup and napkin and joins his teacher for the 15-minute period on Concept Development. Each child's conceptual task is prescribed according to his individual learning needs. At 11:30 the children and teachers gather in the circle every other day for music or at the table every other day for art. After this session the children get their mats to sit in the circle for closing activities. They are encouraged to tactilely interact by holding hands for the closing song, to point to the child being sung about and to verbalize the other children's names. The children are dismissed one by one to get coats and hats, and are encouraged to help each other with putting coats on and finding completed materials to take home. At 12:00 noon the children are hugged good-bye and urged to anticipate the next day's return to school.

Teacher-Child Scheduling

Because of the great amount of individualized work with the children, the preschool staff organization is monumental. All staff members are graduate students and participate from three to five days per week. A large acetate covered chart is used to designate teacher-child responsibilities for the week, "Honcho" for the day, parent participants and visitors or observers for the week. (See Figure 4.) The teachers for the various sessions either change each 15-minute interval or remain constant for the week, depending upon the individual needs of the child. The teachers are responsible for reviewing the

child's curriculum and behavioral management techniques and gathering his particular materials for that session. The "Honcho" of the day is responsible for overall planning of the day's group activities - Opening, Juice, Music, Art and Closing. The designated "Honcho" takes care of supplies, room readiness and clean-up for his day.

Curriculum

The Preschool Unit of the Clinic for Exceptional Children emphasizes in its curriculum the pre-academics: gross and fine motor development, perceptual-motor training, color and shape discrimination, letter, number, and word recognition, along with creative self-expressive music and art activities.

Curriculum is organized into specific time-slots during the daily routine. Manipulative activities are done during one fifteen minute period, conceptual activities are assigned another period, the "opening activity" period introduces concepts of daily living, and one "floating period" (i.e. subject matter differs throughout the week) includes numerous art, music, science, etc. activities.

In all of these periods the curriculum is presented to a child along specific sequential or developmental guidelines. Depending on the child's abilities, as pre-determined during his initial diagonostic testing, the staff organizes his curriculum with stated goals for both his manipulative and conceptual lessons/activities. Beginning at the level where he functions successfully, the child is then instructed along a competency based program of sequential development in the areas crucial to his own academic needs.

Concerning the development stages in motor development, perceptual

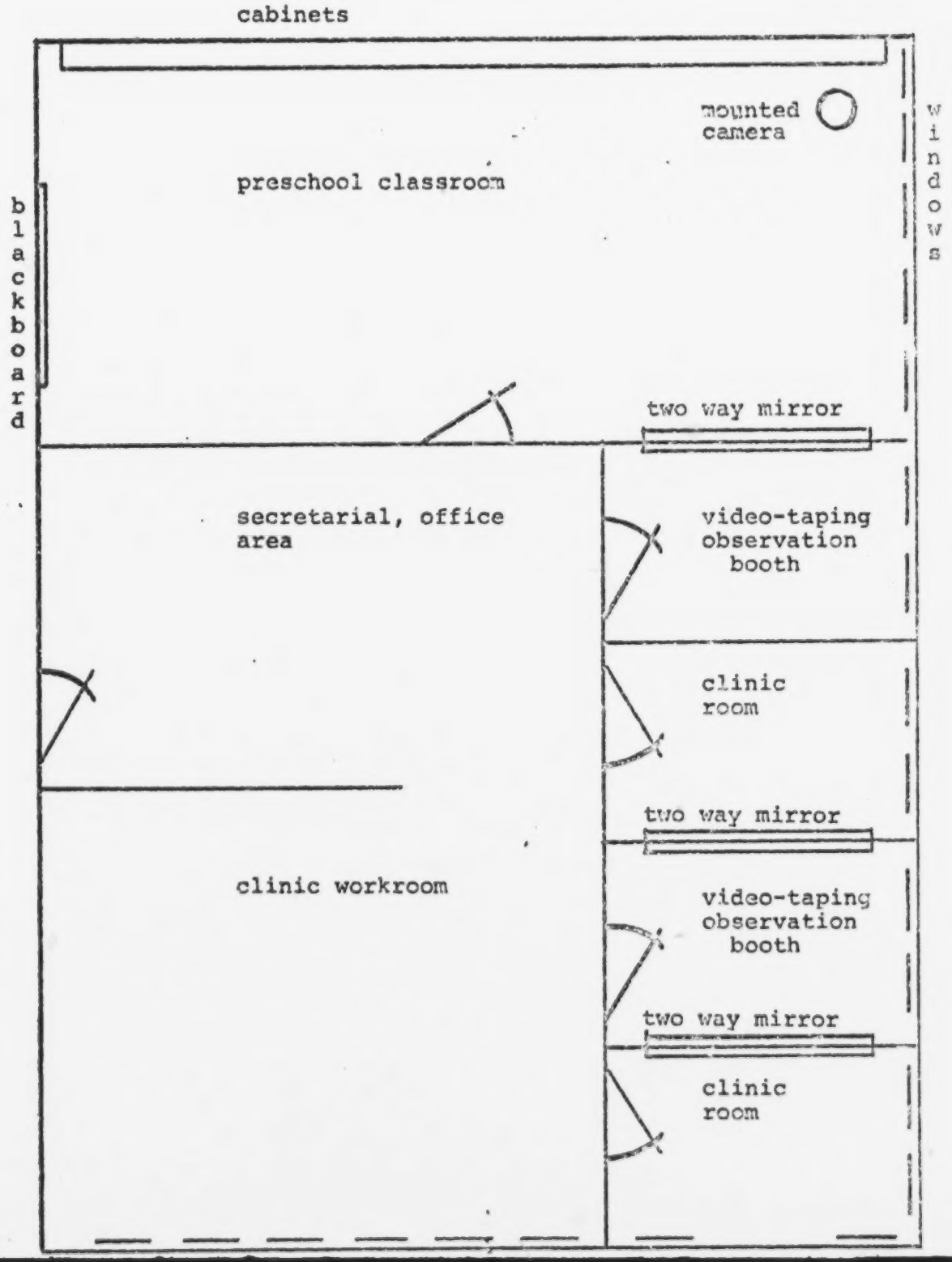
training, sequence training, etc., the staff relies on the pre-academic developmental sequences prepared by Kephart (in motor-perceptual training), Myklebust language development, with attention to Lehtinen and Strauss' considerations for working with emotionally disturbed or minimal brain damaged children. The staff incorporates into their teaching methods several of these elements: minimizing the distractions of the environment, providing multi-sensory materials as learning stimuli, and presenting materials/concepts in short, easily mastered sections.

The bulk of curriculum is in the areas of perceptual-motor and language development. The sequencing of skills in perceptual-motor training follows Kephart's outline: motor training, motor-perceptual, perceptual-motor (differentiation discrimination), perceptual (integration), perceptual-conceptual (function), and conceptual (abstraction, symbolic thinking). To determine the level where each child is functioning, the staff provides numerous materials and learning situations to allow mastery of the level and to anticipate the next level. An example of the staff's incorporation of several aspects of the curriculum into one learning experience is the task of giving to the child a perceptual-motor puzzle containing various shapes and color-coded pieces. While the child is primarily being asked to use his vision and check his lead channel by his motor perception, the teacher would also be providing perceptual training in verbally instructing the child about the color discrimination, "roundness" of one shape, "squareness" of another, introducing the child to symbolic language, "red," "circle," etc. This overlapping developmental training is a prominent characteristic of the preschool's curriculum planning.

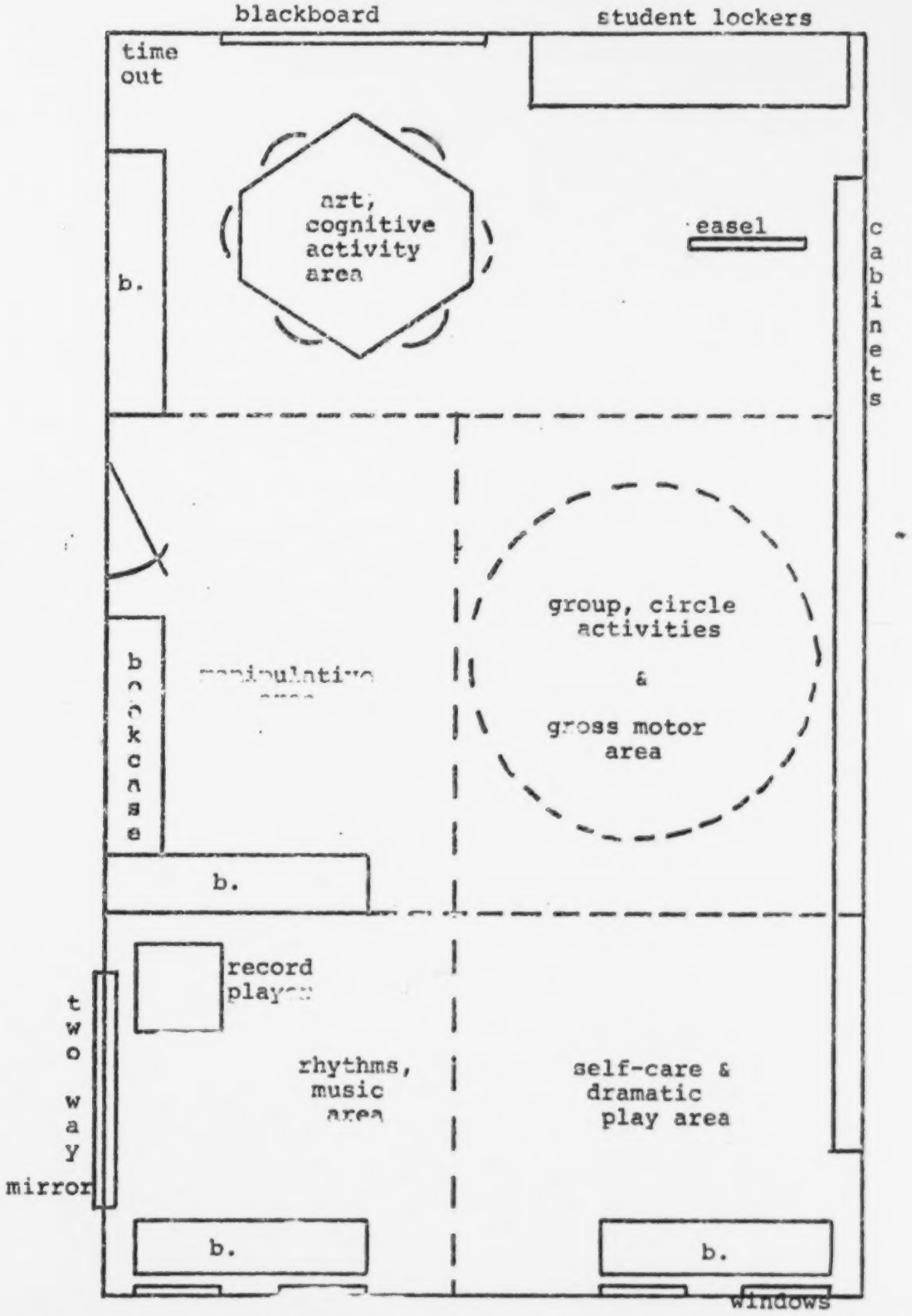
Language training follows a similar development of sequence: approximate/correct articulation of all speech sounds, "echolalic" one word response when presented with auditory and visual cues, spontaneous response when presented with only visual cue, two word phrases with verbal prompts, increased length of phrasal units at spontaneous level, simple sentence formation with verbal prompt, and spontaneous language with varied syntactical structure. Vocabularly enrichment went on throughout this developmental sequence. Primarily, the staff is concerned with training "echolalic" speech behaviors, increasing spontaneous one word and two word phrases. The "vocabularly context" of each child's language curriculum is particular to his interests and needs. Some children are trained with household objects, fruits, and articles of clothing taken from the Peabody Kit. Other children at another stage of developmental learning are working with colors, people's names, "yes", "no," numbers, letters, etc. (Varied materials and presentation of these materials accompanied every stage of the child's learning through these sequences.)

Again, all curriculum is introduced, presented, and altered on the basis of the child's competency with the learning experience, data recorded baseline and post-test scores. When the skill, etc., has been attained according to a previously set level, the child advances toward a higher level on the curriculum sequence. This is determined by all the staff.

Clinic for Exceptional Children
Preschool Unit Floor Plan, Facilities



Clinic for Exceptional Children
Preschool Classroom Layout



CLINIC FOR EXCEPTIONAL CHILDREN

PRESCHOOL UNIT DAILY SCHEDULE

TIME	ACTIVITY	SETTING
10:00 - 10:15	OPENING ACTIVITY	GROUP
10:15 - 10:30	MANIPULATIVE PERIOD	1(2): 1
10:30 - 11:00	CLINIC PERIOD	1 : 1
11:00- 11:15	NUTRITION	GROUP
11:15 - 11:30	CONCEPTUAL PERIOD	1(2) : 1
11:30 - 11:45	MUSIC, ART ACTIVITY	GROUP
11:45 - 12:00	CLOSING ACTIVITY	GROUP

CLINIC FOR EXCEPTIONAL CHILDREN

PRESCHOOL STAFF SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
TEACHERS • honcho					
CLINICIANS					
PARENTS • co-ord					
OBSERVERS					
VISITORS					

Profile

Name: Brian
Birthdate: December 4, 1968
Date of Admittance: February 28, 1973
Date of Termination: May 18, 1973

Description: Brian is a healthy, affectionate, and extremely active four-year old Black male. He is short for his age, and comes to the school neatly dressed and well groomed. His present problems include a lack of expressive/language speech, inappropriate behavior which manifests itself in continual activity, short attention span, and lack of eye contact.

Areas of Functioning

Motor Skills: Brian is able to walk with a normal gait though rarely moves this way on his own. He is capable of running, jumping, and climbing stairs alternating feet. He is able to throw a bean bag and ball as well as catch these objects. He can complete primary puzzles with strong visual-spatial clues. He can also complete puzzles that require fine motor coordination. Puzzles which involve fine discriminations in size and direction can usually be completed without help. He has the capacity to disassemble five and six piece playschool puzzles and then put the puzzles back together unaided. He can point to most parts of the body in relationship to himself and others, and can imitate body movements. He can hold a crayon and paint brush adaptively and functionally can draw lines by imitation. He can make a stack of six blocks in ascending spatial order. He has the ability to toss a bean bag into a basket as well as drop blocks into a small bowl. He will participate in group activities which involve rhythm and movement with a high rate of success.

Cognitive or Conceptual Skills: Brian can point to and name most body parts. He can match colors as well as name all the primary colors. He is able to follow simple directions such as "give me the blue block." He plays games involving in and out. He can name objects when shown pictures of them such as dog, cat, etc. He can name the numbers one through ten, and can sequence numbers up to five. He is also able to give the teacher one, two, or three blocks upon request. He can name approximately 30 foods on sight, and has acquired the names for approximately 15 animals. Brian can match and recognize primary shapes such as circle, square, and triangle. He can name most letters of the alphabet, and can recognize his name and can read the letters of his name. He is beginning to use whole sentences when asking for something from an adult. In addition, he is also emitting spontaneous two and three word utterances. During singing activities he is beginning to participate in singing of the songs. He recognizes and names most of the teachers in the preschool. Brian knows the names of all the children in the program. He is able to match objects that are usually found in pairs such as key and lock. He is using toys much more appropriately

and does not throw objects around in the room as frequently as he used to.

Personal-Social

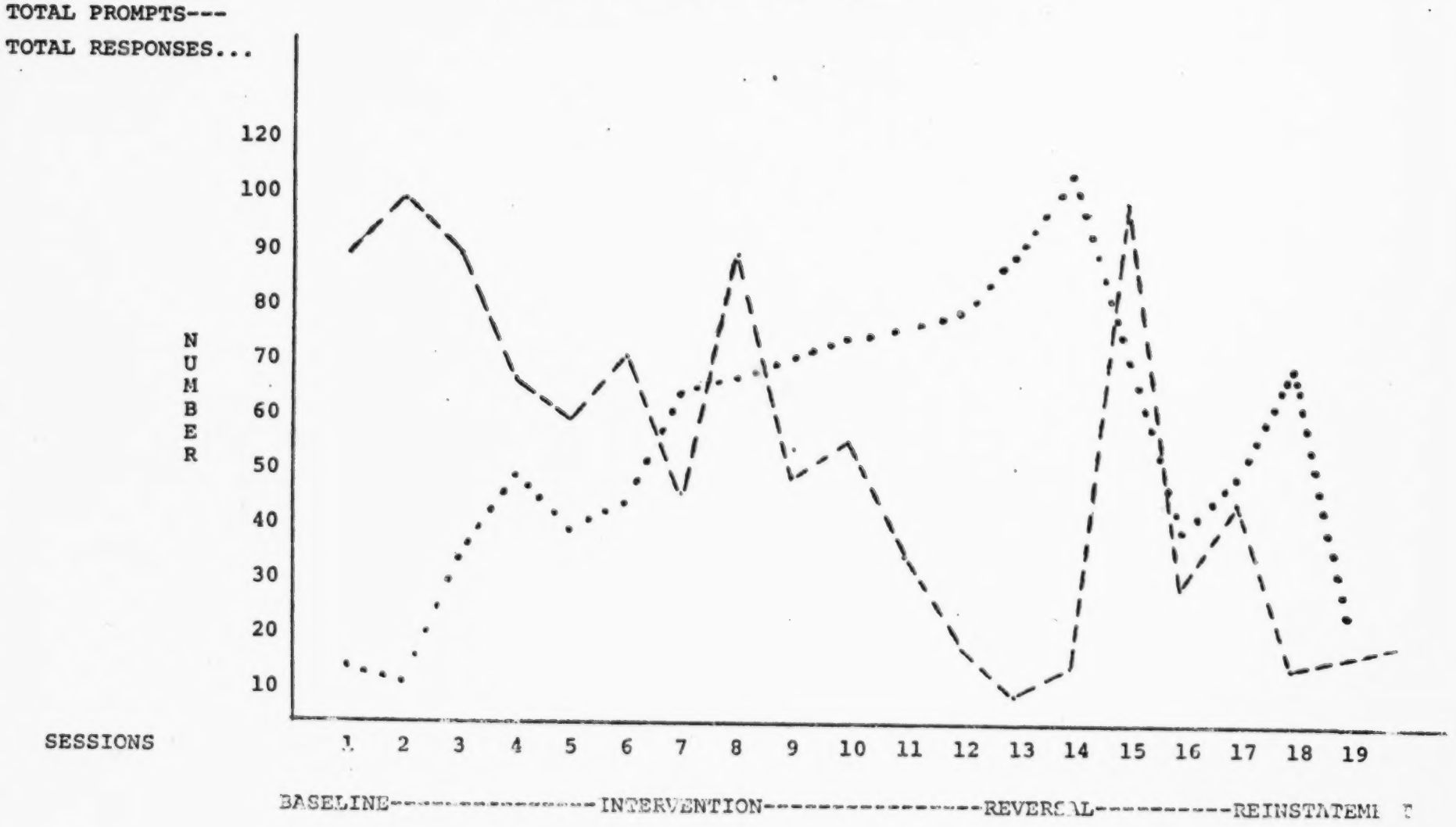
Structured Clinic Setting: Brian's lack of attention and easy distractibility account for most of the off-task behavior. Being an oppositional child, Brian does not readily follow specified directions; however, he is improving in this area and his behavior seems to indicate that he needs to follow these directions for a longer duration. He has refrained from many of the past behaviors which would mark his opposition to a task such as flicking the lights on and off, rattling the window blinds, turning over his chair or getting into other materials. He accompanies many of the tasks with glee although he tends to emit self-vocalization sounds. During the sessions, Brian's attention is improving and he will interact with and respond to the clinician. He smiles and seeks hugs and affection from those he is working with.

Play and Group Setting: Brian does not always play cooperatively with his peers, touching or pinching them. In the Vermont Playtime Nursery, he rarely participated in classroom activities although there seems to be a change in this area. Brian does exhibit cooperative play and will share materials with other children when told to do so. He takes turns and does respond to verbal directions. He is beginning to use much expressive language, and has demonstrated by use of vernacular words that he is readily capable of remembering things told to him or words overheard by him. He smiles, hugs, and kisses his playmates.

Summary and Recommendations

Brian is involved in a program in the clinic, to decrease his oppositional behavior, increase his attention span, and increase his receptive and expressive language capacity; a great emphasis is on working with other children in a classroom setting. His sessions are extremely structured with tasks timed in minutes, play or group activities between tasks, and a consistent reinforcement schedule applied throughout the session. These areas will be included in Brian's developmental program: motor perception, visual perception, perceptual motor matching, language (visualization and conceptualization). Brian is to be placed in an academic setting at a public school next fall. He will be placed in a special program which will hopefully maximize teacher attention and individualized instruction. Behavior modification techniques and positive reinforcement will stimulate optimal performance.

NUMBER OF PROMPTS TO RESPONSES



Profile

Name: Dreama
Birthdate: December 21, 1967
Date of Admittance: March 22, 1973
Date of Termination: May 18, 1973

Description: Dreama is an exceptionally bright, verbal, socially poised five-year old female. The diagnostic testing which Dreama received included the Peabody Picture Vocabulary Test, Key Math Diagnostic Arithmetic Test, and the Marianne Frostig Developmental Test of Visual Perception. Results from these tests indicated that Dreama was functioning at or above the appropriate age level. Since no deficits were noted, an academic program rather than a remedial program was initiated.

Areas of Functioning

Arithmetic concepts: Upon admittance to the Clinic, Dreama demonstrated competency in math readiness skills such as number recognition and number concepts. However, baseline information indicated that she could not perform computational skills such as addition, and subtraction. During a 30-minute clinical session three days a week, Dreama's tasks consisted of arithmetic games requiring her to compute addition problems with sums no larger than 10. Upon termination, post-test data indicated a significant increase in Dreama's skills in addition. When given a math sheet consisting of 10 addition problems, Dreama completed it with 90% accuracy.

Reading Skills: Upon admittance to the preschool Dreama had a sight vocabulary for several words. She had received experience with reading at home with her mother. Dreama was introduced to the Chandler Language Experienced Reading Series after some initial work with sight reading and phonetic pronounciation of words on flash cards. During her clinical session correct pronounciation of letter sounds was drilled. At termination, Dreama had progressed through the second of the six books in the series and had completed the corresponding supplemental workbooks that had been designed for her. Dreama charted her progress on reading via a date chart where she received a star for a specified number of pages read correctly.

Handwriting: On entrance to the clinic, Dreama's writing ability was limited to her name and approximated forming of letters. A workbook of pre-writing design tasks where she traced, colored and free-hand printed letters was introduced. Upon completion of this a series of workbooks that combined handwriting tasks with the content of her reader was begun. To promote motivation and attention to task, Dreama was given a colored sticker or picture decal for each line of letters she completed correctly. She responded well to this tangible reinforcement paired with tactile and social praise. At termination, Dreama was able to write large and small manuscript letters on lined paper, shaping them correctly. She was also able to print a sentence corresponding to an

illustration from her reader.

Social Behavior: Dreama exhibited a considerable amount of shyness in her interaction with both teachers and other children upon entrance to the preschool. However, this behavior decreased as her experiences in the preschool increased. She was very verbal in her academic sessions and responded well to all teachers. Dreama enjoyed competitive activity and often brought games to be played with the clinical teacher as reward for academic work completed. Dreama served as an excellent model for the other children in areas such as social behavior, verbal interaction, attention to task and language patterning.

Profile

Name: Kristine
Birthdate: June 29, 1938
Date of Admittance: December 9, 1972
Date of Termination: April 26, 1973

Description: Kristine was referred to the clinic by Dr. Doris Okada of the Regional Center, Children's Hospital, for an individualized learning program. A Down's Syndrome Child, Kristine is alert, verbal and loving. After diagnostic testing and baseline information was completed, a program of academic readiness skills in fine-motor coordination, pre-writing, pre-reading and number concept and recognition was initiated. A 30-minute clinical session each day was devoted to developing a pattern of language development for Krissy.

In addition to Kristine's academic and language programs, a major objective behaviorally was for Kristine to learn to work at a task independently without constant attention from the therapist. Therefore, Kristine engaged in a 15 minute manipulative period each day where she was given a task direction and asked to call the therapist only when she had completed her work. After four weeks, Kristine was paired with another child, with one therapist, for that 15 minute manipulative session. At termination Kristine could alternately interact with the other child or work independently as directed by the therapist or dictated by the task.

Areas of Functioning

Language: Although quite verbal at admittance, Kristine did not exhibit appropriate language patterns. She did not use full sentences, personal pronouns or correct verb names for actions. She did correctly call all clinic staff by their first names. At termination, Kristine was responding in full sentences appropriately much of the time. Her verbal repertoire for personal pronouns and verb usage increased by 17 full sentences about herself and her actions.

Number Concept and Recognition: Kristine could not recognize shapes, other than a circle, upon admittance. She counted by rote 1-5. At termination, Kristine recognized and labeled circle, square, and triangle. She recognized numbers from 1-12 and could count rote from 1-10. When given sets of objects she could count the number of items in the set.

Pre-Reading and Pre-Writing: At admittance, Kristine had a sight vocabulary of several simple words. She could read, but not with her name. She could not distinguish between capital and lower case letters nor write them. At termination, Kristine had expanded her sight vocabulary by at least 20 words. She was working on the Swings reader of the Chandler Language Experiences Reading Series. She could write her name and distinguish between upper and lower case letters. She had begun printing a capital A and B.

Fine Motor Co-ordination: Upon admittance, Kristine could handle only a chunky crayon for writing. She had no skill at manipulating a scissor or tracing patterns. She could not zipper, button or snap. At termination, Kristine was handling adeptly a thin pencil, and could draw a circle and square. She traced the letters of the alphabet Aa through Dd without help. Kristine was developing some skill in using a scissor. Using dressing frames, Kristine could button, zipper and snap. She helped pour juice each day, spread peanut butter on crackers and put on her own coat at closing.

Social Behavior: Kristine had developed many appropriate social skills at the clinic such as relating to male therapists, helping the other children and cleaning the juice table. She learned to sing with the group and encouraged the other children to sing. Her attention to an activity was maintained while other children were being attended to and she was left to work independently.

Profile

Name: La Randa
Birthdate: May 31, 1968
Date of Admittance: January 16, 1973
Date of Termination: May 18, 1973

Description: La Randa is a tall, slender, and healthy Black girl. She wears braces on both legs to promote walking flatly on both feet. She has a spastic left hand. Although her left hand lacks strength, it does have some muscle co-ordination. La Randa has all the vowel sounds, but omits most consonant sounds from her speech. She responds well to social reinforcement, but does not initiate play with other children.

Areas of Functioning

Gross Motor: La Randa walks with a staggered but steady gait. On entrance to the preschool, she could jump up and down, but not jump over objects. At entrance she could not throw nor pick up objects with her left hand. At termination, she can throw a bean bag and a sponge ball with her left hand. On entrance to the preschool, she used her right hand exclusively to throw objects at a target, turn pages, eat her nutrition snack, etc. At termination, La Randa is able to throw objects at a target, turn pages, and break up and eat her nutrition snack with her left hand, upon a prompt. Also, she is able to catch and throw objectsand roll a ball with both hands.

Fine Motor: On entrance to the preschool, La Randa could not lift objects with her left hand. At termination, she could pick up and put away in the proper recessed areas the Simplex puzzle pieces which have a 1/4 inch handle with her left hand. La Randa could also pick up small pieces of her nutrition snack with her left hand. La Randa could hold a book with her left hand and turn pages with her right simultaneously. With physical prompts, she could zip a zipper and snap a snap on the Montessori self-care boards.

Perceptual-Motor: Baseline data indicated an ability to match circular puzzle pieces with their appropriate recessed spaces with her right hand. La Randa can match the puzzle pieces with her left hand at termination. (These six circles' diameters ranged from 1 to 3 inches.) When given 16 objects of various shapes and contours, La Randa can with 100% accuracy place them in the proper recessed area on the puzzle board with her left hand. Given three identical recessed areas, La Randa can place sticks of various lengths (8 of 2 inches, 4 of 3 inches and 4 of 1 inch, and 4 of 4 inch length) in the correct areas with her left hand at 100% accuracy. During baseline when given a steady rhythm pattern to follow, La Randa repeatedthe rhythm or kept up with the beat. At termination, she can repeat a rhythm which is incorporated in a song.

Speech: On entrance to the preschool, La Randa vocalized and sang a great deal. Most sounds necessary for speech were made during these verbalizations, but none were connected to form communicable speech.

During baseline she repeated on cue all the vowel sounds, but only following consonants: b, d, g, h, k, m. p, t, and w. She could approximate "cookie", "bye", and "mama." Most of her speech was self-stimulatory.

At present, La Randa can repeat the following consonant sounds: j, n, r, and s. She can presently name approximately the following articles of a place setting: fork, spoon, cup, plate, knife, and napkin. She can label the following parts of the body: eye, nose, mouth, ear, hair, teeth, feet, and toes. The therapist gives her a visual prompt. Baseline taken on La Randa's naming of the fruits in the Peabody Kit indicated only one correct naming: orange. At termination, she can name (given the visual artificial fruit) carrot, orange, peach, corn, banana and grapes. She says potato , tomato , and pineapple with verbal prompts. (She does not say all the sounds in each word.) La Randa can say "Juice, please" and "Cookie, please" with verbal prompts. She can name all of the colors spontaneously: purple, orange, red, green, brown, yellow, blue, and pink. She can name the objects in the Simplex puzzle: chair, dog, cat, bird, house, bear, doll, jug, teapot, tree, clock, duck, chicken, shoe, and boat. At present, she is working on learning to chain two word sentences:La Randa (verb)." Also, she is learning the names of articles of clothing with visual and verbal prompts. These include: sock, shoe, pantie, sweater, and dress.

Cognitive: La Randa can name the colors spontaneously given a visual cue. She can name and point to the parts of the body listed above. With the Simplex puzzle, she can identify all the pieces. (See above.) At present she has learned the following letters of the alphabet, given the visual cue: a, b, c, d, e. She can recognize only the upper case manuscript letters, however. She can identify the fruits and vegetables in the Peabody Kit. She seems aware that people and objects have names. She can name other students in the preschool, her "mama," and the therapists. At termination, La Randa could also sequence the first three numbers without prompts: one, two, three.

Emotional/Behavioral: At baseline, La Randa lacked eye contact with the therapist, vocal self-stimming persisted through most of the activities, and she would strike and hit the therapist when told to continue on the task. She would leave the assigned task and not respond to the therapist's direction to return to her chair. In group settings, she would not look at or respond to the other children. During music, she did attend and respond to the teacher's directions and movements.

La Randa has responded very positively to the preschool and clinic program. She enjoys the interaction between herself and the therapists and responds appropriately and affectionately. She responds to the verbal direction "Look at me", given by the therapists or teachers. Her time outs (for hitting, screaming, and crying) are down to less than two a week, having five sessions a week. She has stopped hitting the therapist in the face. She responds willingly to verbal directions. Only her self-stimming trilling and tongue clicking persists, but rarely persist for more than a 50 second duration. When this behavior begins, the therapist "times La Randa out" by removing all the materials

and looking away from the child. Immediately, after the trilling has stopped, the therapist engages her in some verbal exchange, even eliciting an "Echolalic" response: "Say_____." "Good girl." LaRanda now recognizes and names other children in the preschool.

Profile

Name: Philip
Birthdate: August 25, 1967
Date of Admittance: January, 1972
Date of Termination: April, 1973

Description: Philip is a tall, handsome and affectionate six year old male. Present problems include limited expressive and receptive speech, self-stimulatory behavior and lack of eye contact. His attention span for any preschool activity is less than three minutes. Philip was referred to the preschool by the Neuropsychiatric Institute at U.C.L.A. for intensive individual training in a structured environment. Described as an Autistic child, Philip will selectively attend and respond to people who are familiar to him. His self-stimulating behaviors include clucking sounds, finger to eye movements, scratching and putting his fingers in his mouth. He withdraws when his face is touched or when a hand or arm is raised at him in a pre-striking motion. Philip does respond to tickling, touching and patting. Based on information collected from previous progress reports, diagnostic testing and baseline data, a program of educational readiness skills was designed for Philip. These readiness skills included increasing eye contact, lengthening of attention span, following simple verbal directions, and increasing his receptive and expressive language skills. His clinical sessions dealt with fine motor skills such as pre-writing and gross motor skills such as body movement, walking on the balance beam and throwing and rolling a ball.

Areas of Functioning

Gross Motor: Philip walks with a normal gait. Upon admittance to the preschool program he would only jump up and down or walk on a balance beam with direct adult supervision. The therapists concentrated on eliciting language from Philip during music period, providing him with peers who would model the desired behavior. At termination, Philip could follow the group directions without supervision. The balance beam still required adult supervision. He has not been observed at this time in the use of outdoor equipment.

Fine Motor: On entrance to the preschool, Philip would hold a pencil or crayon incorrectly. Through successful approximations, Philip can now hold a writing or painting instrument appropriately. With dressing skills such as zippering, snapping and buttoning, he has good fine motor coordination. He can now use a spoon and fork correctly when eating. He is also able to use a scissor correctly and manipulate small puzzle pieces without difficulty.

Language: Upon admittance to the preschool, Philip had only a guttural language. The majority of the sounds manifested themselves as self-stimulatory behavior. Communicable language, that is language which expressed wants or dislikes, was not present. Philip would selectively respond to his name with brief eye contact. Philip was

unable to discriminate between his written name and the other children's names. His receptive language was limited to following gestural directions and simple single verbal commands such as, open the door, turn off the lights and stand up. At termination, Philip was able to name the parts of his body without prompting, put together a mannekin correctly, naming the respective parts without cues. His expressive language included an ability to name colors, shapes, letters of the alphabet, and numbers from one to ten. Philip's receptive language increased to include verbal sentence directions which involved discrimination and sorting tasks, object identification and perceptual task training. He will imitate any sound, but has consistent difficulty with words with initial consonant sounds. He can say separate consonant sounds, but cannot combine them.

Perceptual-Motor: On entrance to the preschool, Philip could not cut with scissors on a straight line or a circle. He was unable to trace simple geometric figures on stencil form with a crayon. Given two dots from 8 to 10 inches apart, he could not connect them with a straight line. At termination, Philip could successfully hold and trace with a crayon the geometric-shaped stencils. Given any uncompleted geometric shape of three to four sides, Phillip could complete the figure by connecting the correct points with a straight line. In most of his geometric completion tasks, Phillip would actively work toward closure. He could put sequentially sized puzzle pieces in their proper places without difficulty. He could manipulate puzzles which had minor variations in rotation of position of a single object (such as a Simplex sailboat puzzle). On matching tasks, he could match all letters of the same case. He could name the primary colors as well as sort them.

Social Behavior: At entrance to the preschool, Phillip had no interaction, either verbally or tactilely, with his peers or with adults, except when forced to. At termination, Philip actively interacted with peers. In many instances when peers initiated contact with him, he would give them eye contact and follow them visually. His attention time in academic and social situations increased ten to fifteen minutes.

Materials

Materials for the preschool came from various sources. An abundance of materials were borrowed on a long term basis from the IMCSE-USC. Teachers purchased, brought in their own, and made materials. Parents were trained to make materials. The preschool had access to equipment such as a polaroid camera, a record player, a tape recorder, and most importantly, a video tape machine.

The following diagram lists the specific materials and their functions.

Materials	Gross Motor	Fine Motor	Perceptual Motor	Visual Perceptual	Conceptual
apple puzzle		x	x		
object puzzle		x	x	x	
circle puzzle		x	x	x	
geometric shape and color puzzle		x	x	x	
stick puzzle		x	x	x	x
form puzzle		x	x	x	
colored blocks		x	x		
magic slate		x	x		
consecutive ring stacking		x	x	x	x
chalkboard		x	x		
easel	x	x			
object boxes	x	x	x	x	
bean bag	x	x	x		
lacing board		x	x		x
button board		x	x		x
snap board		x	x		x
zipper board		x	x		x
sponge ball	x	x	x		
large rubber ball	x				

Materials	Gross Motor	Fine Motor	Perceptual Motor	Visual Perceptual	Conceptual
climbing blocks	x				
balance beam	x				
multisensory number cards				x	x
table setting				x	x
picture cards				x	x
artificial fruits and vegetables			x	x	x
word cards				x	x
Krissy's activity photographs				x	x
color book to shape transference of colors to objects		x		x	x
Colors book		x		x	x
ABC book		x		x	x
An Apple Is Red book		x		x	x
geometric shape book		x		x	x
book of shapes with common objects		x		x	
magnetic alphabet spelling board		x	x	x	
alphabet blocks		x	x	x	
Swings book				x	x
Swings writing book		x	x	x	x
Clear stencils		x	x	x	

The staff found the following publishing companies' catalogues helpful in ordering materials for the preschool.

Childcraft
Bayonne, New Jersey

Creative Education
Fort Worth, Texas

Creative Playthings
Princeton, New Jersey

Developmental Learning Materials
Niles, Illinois

School Supply
Atlanta, Georgia

Eye Gate Materials
Jamaica, New York

Form Sculpture for Play
Cucamonga, California

Franklin Watts
New York, New York

Game Time
Litchfield, Michigan

Ideal
Los Angeles, California

Mind/Matter
Danbury, Connecticut

School Days Equipment
Los Angeles, California

Skill Development Equipment
Anaheim, California

Troll Associates
Mahwah, New Jersey

Initial Contacts and Referrals

In order to inform existing special education facilities in the Los Angeles area of the new preschool program at the University of Southern California, a letter was sent which described the orientation and services provided by the preschool. The following list is included not only to report on individuals and places contacted, but also to provide next year's preschool staff with possible contacts and referrals to obtain children.

Mrs. Jane Toland, Prin.
Benjamin Banneker School
13914 S. San Pedro St.
L.A., California 90061
324-6668

Mrs. Kathleen C. Curnow, Prin.
East Valley School
10952 Whipple St.
North Hollywood, Calif. 91602

Mrs. Della Blakeway, Prin.
McDonnell Avenue School
111 N. McDonnell Avenue
L.A., Calif. 90022
269-0391

Stephen Marks, Prin.
West Valley School
5649 Balboa Blvd.
Van Nuys, Calif. 91406
881-6502

Horace F. Stinson, Prin.
Sven Lokrantz School
19451 Wyandotte St.
Reseda, Calif. 91335
343-4672

Dr. William Hursch, Prin.
Charles Leroy Lowman School
1287 Saticoy Street
N. Hollywood, Calif. 91605
765-3404

Mrs. Shirley M. Mangin
James J. McBride School
3960 Centinela Avenue
L.A., Calif. 90066

Jon Adame, Prin.
Harlan Shoemaker School
424 Weymouth Avenue
San Pedro, California 90732
833-7059

Director
Long Beach Neuropsychiatric Inst.
6060 Paramount Blvd.
Long Beach, Calif. 90805
774-3132

Mrs. Vicki Graham
Dr. Stu Greenberg
Dr. Steven R. Forness
University of California
The Neuropsychiatric Institute
760 Westwood Plaza
L.A., California 90024
825-0147

Director
Spastic Children's Foundation
1307 W. 105th Street
L.A., Calif. 90044
757-9361

Mrs. Ruth Perkins
Foundation for the Junior Blind
5300 Angeles Vista
L.A., Calif.
295-4555

Director
Kennedy Child Study Center
1339 20th Street
Santa Monica, California
393-9585

Norman Levine, Prin.
Pacific Boulevard School
5714 Pacific Blvd.
Huntington Park, Calif. 90256
582-8373

Mrs. Rose Engel, Prin.
Sophia T. Salvin School
1925 Budlong Avenue
L.A., Calif. 90007
731-0703

Director
Orthopaedic Hospital
2400 S. Flower
L.A., Calif.
747-4481

Director
Children's Hospital
4650 W. Sunset Blvd.
L.A., Calif.
663-3341

Director
California Association for
Neurologically Handicapped
Children
Los Angeles Chapter
San Pedro, Calif.
831-8644

Dr. Sid Russak
Out-Patient Psychiatric Clinic
USC-County Medical Center
1237 N. Mission Road
L.A., Calif. 90033

Dr. Bernard Rimland
4758 Edewave
San Diego, Calif. 92116

Marianne Frosting School for
Educational Therapy
5981 Venice Blvd.
L.A., Calif.
937-0490

Dr. Janet Switzer
Switzer Center for Educational
Therapy
1110 Sartori Avenue
Torrance, California

Long Beach Association for
Retarded Children
4519 E. Stearns Street
Long Beach, Calif. 90815
597-5286

California Association for
Retarded Children
1225 8th Street
Suite 312
Sacramento, Calif. 95814

UNIVERSITY OF SOUTHERN CALIFORNIA
UNIVERSITY PARK
LOS ANGELES, CALIFORNIA 90007

BERT B. RUTHERFORD
SISTANT PROFESSOR OF EDUCATION

SCHOOL OF EDUCATION
DEPARTMENT OF SPECIAL EDUCATION
(213)746-6260

November 2, 1972

The Department of Special Education at the University of Southern California is currently in the process of developing a preschool for severely and profoundly handicapped children. The Clinic for Exceptional Children, the new clinical facility at USC which is operated by the Department of Special Education, has several distinct units under its control. The Clinical Teaching Unit and the Adolescent Unit are operational and we are now placing emphasis on the Preschool Unit. This Preschool Unit will be staffed by three doctoral and four master degree students from the Department of Special Education. In addition, the functions of this unit will be under the coordination and direction of myself.

The program within the Preschool Unit will be based upon the following orientation. Of prime importance is the commitment to service for severely handicapped children within a cross-categorical framework. Children will be selected for placement in the Preschool on the basis of severity of the handicap rather than the category of the handicap. We believe that children can learn effectively in heterogeneous groupings. An equally important committment of the CEC is to the involvement and training of parents in handling their children's behavioral and/or learning problems. Daily, active participation by at least one parent will be an integral part of the complete program.

Our facility, which is located in the School of Education at USC, is a self-contained area comprised of a classroom, four individual training rooms and a large parent conference room. We are planning on operating a group program for five or six preschool children two hours daily five days a week. Our philosophy is based upon a behavioral and developmental approach. While our first concern is to provide service to children and their parents, we plan to utilize the program for educational and behavioral research and teacher training at the graduate level.

Our source of referrals will be from local special schools, medical centers, parent organizations, private pediatricians, and other groups involved with children with severe problems. Because of your involvement with these children, we are requesting referrals which you feel may be appropriate to placement in the Clinic for Exceptional Children. Additional information is available on request by calling me at the Department of Special Education (746-6260) or the CEC (746-6277).

We plan on following up this letter with a phone call to you in the next several weeks. Either Mr. James Leigh of the Preschool Unit staff or myself will be contacting you soon.

Thank you for your assistance in our efforts to establish an effective program for preschool children.

Sincerely yours,

Robert B. Rutherford
Director/Coordinator Clinic for Exceptional Children
Assistant Professor of Education

RBR/gj

Future Projections

1. Contingencies should be set up to insure daily attendance of children since full time participation is necessary for a viable program to effect a desired change in children's behavior.

2. It should be required that children be brought to school on time. Advance notification must be given if a child will not be at school on a particular day.

3. In order to provide for the highest level of consistency in carrying out children's programs, one teacher should be scheduled to design a program for a particular period and work with the child on that particular program exclusively.

4. A budget must be set for resources and materials. More materials are needed to design high interest activities.

5. Parent committment concerning fees should be elicited at the beginning of the year.

6. The preschool would benefit from a full-time paid co-ordinator by increasing its efficiency and continuity.

7. It is well documented that young children benefit from gross motor activity to facilitate both development of coordination and concentration on tasks involving mental activity. In order for gross motor activity programs to be developed for all children of the preschool, access to an outside playground and/or a larger room, with an area designated specifically for this purpose is needed.

8. More facilities are needed to give children a larger scope of activities and to make certain activities more easily accessible. For example, a play house and a kitchen area with a refrigerator and sink would allow children to imitate real life situations and have certain foods at nutrition which are not possible without a refrigerator.

9. Toilet facilities which are child size are necessary to teach children to sit on and get off the toilet alone and to turn on and off the water without prompts.

10. Access to a full time speech therapist is necessary to develop a well organized speech program for non verbal and speech disordered children. Contacts are presently being made with the Communicative Disorders Department at U.S.C.

PARENT TRAINING

The potential of parents as positive, educational facilitators has only recently been recognized. In the past, most parent participation programs utilized parents simply as teacher aides who did not assume instructional responsibilities. In contrast to similar programs, one of the primary concerns of the preschool unit program is to train parents as paraprofessionals, thus enabling them to be a viable force in the educational development of their children. As Kroth pointed out: "teachers and parents who come together to share information may find that a problem exists which can best be resolved by mutual action." The second objective of the preschool unit is to provide parents with the skills and expertise necessary to supplement their functions as effective parents and teachers of their children. The third objective is to facilitate parents in the acquisition of a positive first experience with school. Finally, through interaction with their children in the classroom, and with the other parents, they can more fully understand their child as a unique individual with his own strengths and weaknesses.

The parent participation program in the preschool focused on the following competencies:

1. To provide parents with the skills and abilities necessary to implement behavior modification techniques in the home and classroom.

2. To work with parents towards developing a suitable curriculum for their children.

    a. To make parents aware of developmental levels and critical periods in the acquisition of learning abilities.

    b. To provide parents with the opportunity to construct appropriate learning materials in the classroom.

c. To counsel parents in methods to continue existing instructional programs from the preschool to the home.

d. To familiarize parents with educational resources and facilities.

3. To enable parents to develop teaching competencies within the classroom and to demonstrate these competencies in working with children other than their own.

4. To inform parents of continuing educational programs that would benefit their child.

5. To formulate with parents realistic goals and future projections on their child's potential abilities.

To insure that parents fully participated as staff members, it was necessary to establish definite channels of communication. Two means of effective communication were established through parent-teacher meetings and written reports. Formal parent-teacher conferences were held each week 1) to discuss the progress of each child, 2) to describe materials that were being used, 3) to discuss immediate and future goals for the child, 4) to suggest possible teaching strategies to be implemented at home, and 5) to discuss educational resources and future placements. In addition to these conferences, individual case notebooks containing anecdotal records, progress reports and lesson plans were accessible to the parents at any time. Parents were responsible for completing written monthly progress reports which briefly described any special activities at home and/or specific at-home changes in their child's behavior.

Parent participation in the preschool program consisted of three phases. In Phase I, the objective was to teach parents behavior modification techniques to be used at home and in the preschool classroom. In Phase II, parents were introduced into the classroom during non-academic

sessions and had the opportunity to begin applying behavior techniques in small groups with guidance. In Phase III, parent involvement was extended from participation in group activities to formal one-to-one academic teaching situations.

PHASE I

The parents observed their children in the classroom and participated in an intensive behavior management class. Training materials for the parent class consisted of Wesley C. Becker's Parents are Teachers book, Dwight L. Goodwin's Contingency Analysis material and a film entitled Rewards and Reinforcements in Learning by Lee Meyerson. The class sessions covered basic information in behavior management techniques such as methods of pinpointing behaviors, counting behaviors, graphing data, reinforcement techniques, punishment and time-out procedures, shaping techniques and task analysis. Homework assignments included readings, listing behaviors of their children to be accelerated or decelerated, recording behavior at home, analyzing antecedent and consequent events, assessing reinforcers in their children's environment and applying behavior shaping techniques. Parent class time also consisted of actual practice in utilizing some of these behavior modification techniques with guidance, such as behavior recording, timing-out children and analyzing teacher-child interaction with respect to techniques discussed in class.

PHASE II

Parents spent part of their classroom observation time focusing on specific behavior of individual children inside the preschool. With the guidance of the preschool teachers, parents participated in non-academic sessions such as opening and closing activities, music, art and nutrition. During these class periods the parents were able to

apply the behavior modification techniques which they had learned in the first phase of the project. Parent-teacher competencies in this area, as well as other aspects of classroom abilities, were analyzed through discussions with the parent coordinators, video-tape recordings, and conferences with classroom teachers.

PHASE III

The last phase of the parent training project phased-in parents as behavior recorders and teachers during the three academic periods of the day. Each parent began as a data collector for each period, under the guidance of the classroom teacher and parent coordinator. As each parent became familiar with the teaching methods involved in the lessons, they assumed responsibility for teaching the lesson, at first with and then without supervision. Thus, the parents became equal members of the teaching staff. At this time parents were responsible for planning and teaching the opening, music and selected academic lessons. Time spent out of the classroom was utilized for working on parent made educational materials designed by the teachers and evaluating parent participation within the classroom.

Future Projections

1. Begin behavior modification classes several weeks before the preschool opens so that parents will have the competencies necessary for them to participate in non-academic classroom activities from the first day of school.
2. Include parents in weekly curriculum staff meetings.
3. Institute home visits.
4. Institution of the Parent/Child Toy Leading Library Program.
5. Parents will state their objectives for their participation and their child's participation in the preschool.

6. Terminal objectives should be stated for the competencies parents should exhibit after parent training classes such as:

   a. Parents will be able to successfully apply general behavior modification techniques like reinforcement, time-out, shaping procedures within the classroom.

   b. Parents will be able to construct appropriate learning materials for use in the classroom.

   c. Parents will be able to teach lessons within the classroom on a one-to-one basis with any of the preschool children.

   d. Parents will actively participate in group lessons such as opening, music, nutrition, and closing.

Parent Responsibilities

1. Attend and participate in Preschool Project at least 3 days per week for a total of 6 hours (2 scheduled days plus Friday session--see below).

2. Make up any absence by attending the next session with the coordinator who was scheduled for the "missed day."

3. Call one of the people listed below the night before an absence by parent and/or child (or call the preschool at least before 10:00 on the day of the absence).

4. Submit weekly anecdotal record to Ron or Linda.

5. Fill out and return progress forms every month.

6. Turn in $1 for nutrition supplies to one of the coordinators by the first day of attendance each week.

7. Help make teaching materials for use in the classroom.

SCHEDULE

Mon.	Tues.	Wed.	Thurs.	Fri.
Ernest	Ernest	Latoria	Latoria	Ernest
Marva	Sharon	Marva	Sharon	Marva
Linda	Ron	Ron	Linda	Sharon
				Latoria
				Linda
				Ron

Preschool: 746-6277

Ron: 375-0145

Linda: 394-1354

Marty: 276-7529

Helen: 796-7980

Jackie: 721-0218

Suzi: 871-2706

Vicki: 793-2541

Jim: 257-5626

BEHAVIOR MANAGEMENT

Each child at the preschool is considered a unique individual with different needs and learning styles. A variety of methods were used while working with the children; however, it was decided to use behavioral techniques as a facilitator for individualizing instruction. Behavior modification efficiently dealt with motivation, learning styles, attention, and transference of learned behaviors. This system provided for a positive classroom atmosphere and also maximized success experiences for each child. The behavioral management program, based on continuous assessment, provided teachers with specific data for designing and implementing the educational program for each child.

Behavior modification, which is an applied extension of behavioral analysis, consists of a set of principles which relate to reinforcement, shaping, and stimulus control. Successful applications of behavior modification procedures to various behavior problems have been documented in many journals such as Journal of Applied Behavioral Analysis, Child Development, Journal of Experimental Child Psychology, Behavior Research Therapy, and others. Upon closer examination of these journals, one finds many studies which document the success of these procedures in school settings.

As a prerequisite to initial program planning, baseline information was collected and evaluated on each child to determine functioning levels. This procedure was utilized to determine the successful starting levels for each child. Teachers presented instructional programs to the child using reinforcement techniques. Both primary and secondary reinforcers were used. Primary reinforcement in the form of candy, cookies, potato chips, raisins, etc., were used only in clinical (one-to-one) settings. Secondary reinforcement including hugging,

verbal praise, touching, kissing, tokens (stars, animal stickers, etc.), and music was used continuously throughout the preschool day. Information collected from the daily lesson plans regarding the amount of success and rate of learning, from parent teacher meetings, and from daily and weekly staff meetings was used in formulating decisions on each child's movement toward specific behavioral and instructional objectives. Furthermore, these procedures aided in decisions regarding the strength of reinforcers, the appropriateness of objectives, and the consistency of teacher presentation of the lessons.

Shaping procedures, whereby successive approximations of a desired response were reinforced, were an integral part of the behavioral management program. This technique was utilized in developing prerequisite learning skills such as eye contact, attention, orienting responses, and appropriate responding. A second important function of shaping was to insure success experiences in all learning situations. A desired outcome of these procedures was an increase in motivation for each child, such as exhibiting and verbalizing the willingness to come to school, and also continue activities at home which occurred in the preschool as well as discussing preschool activities.

In dealing with inappropriate behaviors such as hitting, screaming, yelling, crying, and excessive non-attention to task, etc., it was necessary to institute a consistent intervention strategy. The strategy utilized is more commonly known as "time out." At the preschool this procedure was employed in two ways: in situations which did not detract from the general learning environment of the other children (e.g., non-attending), teachers implemented time out procedures which involved ignoring the child, restraining movement, and refraining

from verbal and/or visual interaction. This time out procedure was always conducted within the classroom. When a child's behavior was disruptive and distracting to other children, time out procedures included removal from the classroom. Once a child was removed from the classroom by the teacher, the child was placed in a chair in front of the teacher so the child did not have eye-contact with the teacher. The time-out procedures were:

1. Student faces the north side of the building with blinds closed.
2. Child is seated in chair and held at the wrist with arms crossed - hands at the shoulders preferably, or at hips. Restrain the arms only.
3. At the start, child is held firmly. Grip is relaxed as child relaxes.
4. If child yells, screams, kicks, spits, tries to get out of chair, grip is re-tightened.
5. After the child is able to sit with relaxed grip for 20 seconds, remove your grip completely and place the child's hands in his or her lap.
6. Child must sit 30 seconds quietly without arms held before he/she can return to the classroom.
7. During the entire time-out (from the time he leaves the room to the time he returns) there is no verbal interaction with the child.

Consistency of time out procedures was insured by these instructions which were attached to the backside of the chair in which the child was seated, a clock with a second hand which was visible only to the teacher, and by the delineation of behaviors which warranted the implementation of time out procedures.

Behavioral management techniques proved to be a viable and successful solution to the problem of individualization of instruction in a non-categorical special classroom. As accountability must be an integral

part of any program, these procedures provided on-going assessment and evaluation. The results of the behavioral management program are illustrated and discussed in the following section of this paper.

Observation and Recording

Psychological test scores may not be valid with children whose expressive and receptive language capacities are either impaired or not sufficiently developed due to maturational lag. Severely handicapped children rarely have receptive language abilities which allow them to understand the verbal instructions of a test. And in those tests which require an expressive verbal language, the deficiency is even more apparent. In those cases in which a test is administered, the directions on presentation of the test items have been modified so as to make the resulting score invalid.

If the test scores from formal diagnostic and assessment instruments about a particular child are to be of value to the preschool teacher they must first be valid and secondly, provide specific details about the childs academic and social behaviors. To date measurement and evaluation in education have described individuals within groups and their relative standings between groups, (Kunzelman, 1970, Kirk). Useful information for the educator would be that which describes intra-individual differences.

Behavioral observations in both a naturalistic and a relatively restricted environment can provide the educator with detailed descriptions of on going behavior about a particular child. The observation instruments used to collect the data can be designed to focus on the specificity of behaviors or more general categories of behaviors.

Therefore, behavioral data can provide the educator with specific information about inter- and intra-individual differences. An educational system based on specific performance data can be sensitive to individual differences. A system which employs continual assessment provides information on detailed behavioral changes which are important in the evaluation of an educational program. This information can be used as a basis from which to make decisions regarding: terminal and enroute objectives, the appropriateness of the materials used, the use of specific behavioral techniques and procedures, and the validity of criterion levels. On-going assessment is most sensible when it is considered as an integrated and useful component of a program. Evaluation can be a useful program tool to those educators interested in consistency, effectiveness and continual improvement of their efforts through a decision making model. (Gallagher, 1973.)

Behavioral observation techniques were used in the preschool to provide information about the children's performance. Observation data was collected from both unstructured and structured settings. In the unstructured setting the children without adult supervision were observed from the observation room. This setting provided information about a child's interest, attention span, interaction with peers, social abilities, and child movement.

Performance data about specific abilities was observed and recorded during structured settings. The environment was restricted to reduce the number of variables. Structured settings involved directed lessons on a one to one or small group basis. These directed lessons were specific for each child.

Pre-entrance data on functioning levels for individual children were recorded over five consecutive sessions. The data which was collected/recorded included, verbalizations, attention to task, peer interaction, fine and gross motor abilities, and perceptual-motor skills. Direct observation video tapes and anecdotal records served as the source of the data needed to develop a program of instruction for each child based on inter- and intra-individual abilities.

Future Projections

Due to the problems which arose in creating the program this year, systematic procedures for behavioral recording and specific management techniques could not be developed before the commencement of the program. It will be necessary for future staff members to consider the following:

1. evaluation of the usefulness of forms and techniques.
2. delineation of systematic procedures for data collection.
3. methodology to be used in increasing the efficiency of recording.
4. consolidation of information obtained from forms.
5. feasibility of instituting time out procedures in the classroom.
6. utilization of peers as the delivery agent of reinforcers.
7. implementation of immediate feedback devices for teachers and parents.
8. permanence of video tape equipment

NAME OF FORM: Activity Periods

INFORMATION COLLECTED: a specific activity worksheet which is utilized at staff meetings. Its purpose is to maximize staff consistency with individual children. In planning the following week's lessons, attention is placed upon the task each child is to work on, the materials to be used, the setting (teacher/pupil ratio). The input-output is used to formulate techniques (directions, prompts) given to the child by the teacher and the response sought from the child.

RECORDING METHOD: weekly

TERMINOLOGY: Input - sensory channel through which child receives information on task.
Output - modality through which child responded to task information.

IMPLICATIONS: this form is an efficient way of conducting planning for each child at staff meetings. Staff members discuss the progress made and the remaining interventions needed on a weekly basis. It also provides teachers with the information needed to write-up lesson plans.

ACTIVITY	TASK	ACTIVITY PERIODS MATERIALS	SETTING	INPUT	OUTPUT
MANIPULATIVE & LANGUAGE					
CONCEPT DEVELOPMENT					

NAME OF FORM: Anecdotal Record

INFORMATION COLLECTED: subjective information about the child which relates to specific tasks, activities, materials, mood, or child's day in general (Time-Out information specific).

RECORDING METHOD: daily

TERMINOLOGY: Time-Outs - number of times the child was removed from the classroom and taken to the time-out area.

IMPLICATIONS: provides daily information which may aid in determining or exploring different instructional techniques and procedures. In the future, the time out record should also include the length of time spent in time-out.

ANECDOTAL RECORD

DATE:	BEHAVIOR: NO. OF TIME OUTS ( )
TEACHERS	COMMENTS:
DATE:	BEHAVIOR: NO. OF TIME OUTS ( )
TEACHERS	COMMENTS:
DATE:	NO. OF TIME OUTS ( )
TEACHERS	COMMENTS:

NAME OF FORM: Interaction Tally

INFORMATION COLLECTED: the number and types of interactions occurring during a specific time interval for a single child.

RECORDING METHOD: fixed interval recording (size of the interval is dependent on the observer).

TERMINOLOGY: verbal - vocal sound directed at someone.
gestural - any motoric movements communicating likes, dislikes, and/or desires.
tactile - physically touching another person.
T1, T2 - subscript for teachers.
P1, P2, P3 - subscript for peers.

IMPLICATIONS: indicates people most reinforcing to the child, modality of communication, and the people the child chooses to interact with.

INTERACTION TALLY

STUDENT: _____ OBSERVER: _____

TEACHER: _____ DATE: _____ TOTAL TIME: _____

SETTING: _____ INTERVAL SIZE: _____

CODE: V-VERBAL G-GESTURAL T-TACTILE A-ACTIVE P-PASSIVE
T-TEACHER (T_1, T_2,) P-PEER (P_1, P_2, P_3,)

MINUTE	INTERACTIONS					
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

NAME OF FORM: Lesson Plan

INFORMATION COLLECTED: performance data on correct responses in relationship to the number of directions and prompts given in eliciting correct responses from the child.

RECORDING METHOD: frequency recording (count)

TERMINOLOGY:
attainment date - date on which the child meets the criterion level as stated.
objectives - specific end-goals for the lesson.
techniques - method of delivery, reinforcement used, and atmosphere of the lesson.
materials - name of specific teacher-made and commercial materials for the lesson.
directions - specific statements used as cues for child responses.

IMPLICATIONS: provides a decision-making tool for consistent presentation of lessons to the child and on-going assessment of the child's academic and social behavior.

LESSON PLAN

STUDENT: _____ DATE: _____ ATTAINMENT DATE: _____

CRITERION: _____

OBJECTIVES: _____

_____

TECHNIQUES: _____

_____

MATERIALS: _____

_____

DIRECTIONS: _____

_____

DATE	TEACHER	DIRECTIONS	PROMPTS	CORRECT RESPONSES	COMMENTS

NAME OF FORM: Objectives Sheet

INFORMATION COLLECTED: pupil progress towards terminal objective--revisions and updates

RECORDING METHOD: continuous assessment and revision

TERMINOLOGY: Terminal objective - behavior which child would have after designated length of time.
Enroute objectives - prerequisite behaviors which child would have to have to reach the terminal objectives
Revisions - statements relating to changes in the terminal objectives or enroute objectives.

IMPLICATIONS: important in planning long term educational programs. Can be used in on-going assessment and accountability.

OBJECTIVES SHEET

STUDENT: _____

TERMINAL OBJECTIVES: _____

_____

_____

_____

_____

BEGINNING DATE	ATTAINMENT DATE	EN-ROUTE OBJECTIVES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REVISION #1 _____

_____

REVISION #2 _____

_____

REVISION #3 _____

_____

NAME OF FORM: Preschool Baseline Tasks and Levels

INFORMATION COLLECTED: utilizing information from Frostig, Kephart and Myklebust, this form provided a concise method for obtaining present functioning levels in areas which would serve as the main focus of the program. It also provided information needed in planning the child's instructional program.

RECORDING METHOD: tally of initial entrance skills and abilities.

TERMINOLOGY: self explanatory

IMPLICATIONS: provided informal assessment of child's initial functioning abilities. Information obtained was useful in program planning.

PRESCHOOL: BASELINE TASKS AND LEVELS

Student_____

Teacher_____

Date_____

(INDIVIDUAL SETTING - 1:1)

1. (Gross) Motor

____a. Balance, posture: "Walk on balance beam." Demo.
____1. Walk forward
____2. Walk backward
____3. Walk sideways

____b. Body Image: "Touch your_____." Demo. one example

____1. Head	____5. Stomach
____2. Arm	____6. Neck
____3. Leg	____7. Shoulder
____4. Foot	____8. Knee

____c. Imitation of Movement: "Simon says" game. Demo.
____1. Put one leg out.
____2. Put one arm out and shake it.
____3. Shake your arm and your leg together.

____d. Directionality
____1. Shake your left arm; shake your right arm.
____2. Draw a big circle on the board with chalk.
____3. Draw double circles on board with chalk and both hands at the same time.

____e. Rhythmic Writing: "Make your crayon do this." Demo.

____1.

____2.

____3.

2. Motor and Perceptual

____a. Control of hand. Demo.
____1. Follow the peg along the board.
____2. Follow the groove with your finger.
____b. Scribbling: "Let's draw some fun shapes on the paper with your crayon." Demo.

____c. Tactile - Kinesthetic cue: "Use this template to make a shape on the paper." Demo.

____1.

____2.

____3.

____d. Control of movement with visual cue: "Connect points with your pen." Demo.

____1.

____2.

____3.

____e. Figure - Ground Discrimination "Outline the_____ you see." Demo.

____1.

____2.

3. Language or Visualization

____a. Tactile - Kinesthetic information; "blind - bag" with concrete objects: "Describe what you feel."
____1. Toy car with movable wheels.
____2. Toy doll with movable appendages.

____b. Symbolic (Concrete) stimuli: "What is this?"
____1. Toy car
____2. Toy doll
____3. Piece of fruit

____c. (Optional) Reproduce motor pattern with visual information: Show concrete object and ask to draw.

____d. Identify symbolic material with visual/auditory cues: "Play picture game. I'll say word, then I want you to point to picture of this word." Demo.
____1. Peabody Picture Vocabulary List, Plates # 1-14
____2. Peabody Picture Vocabulary List, Plates #15-24
____3. Peabody Picture Vocabulary List, Plates #25-40

NON - ATTENTION TASKS: "You can play with this by yourself. Have fun."

___a. Amorphous: crayons, clay, paint
___b. Order: puzzles, pegs with pegboard
___c. Representational: cars, dolls
___d. Music: drum, bell, guitar
___e. Motor: blocks, jump rope, ball.

(GROUP SETTING)

4. Rhythm "Pat the table with your hand. Follow me." Demo.
___a. One hand, one side of body - constant rhythm
___b. One hand, one side of body - 2 beat or 3 beat
___c. Both hands - constant rhythm: R - L - R - L
___d. Both hands - 2 beat or 3 beat: RR - LL - RR
___e. Irregular rhythm
___1. 1 - 2 - 3 - 1 - 2 - 3
___2. R - LL - R

5. Perceptual - Motor Matching:

___a. Gross Motor: "Tag game: Run to the_____. Come back." Demo.
___1. Run to door, run back to me.
___2. Run to window, run back to me.

___b. Controlled motor: "Walk to the line on the floor but stop before you step on it." Demo.

___c. Jumping: Demo.
___1. Over the boy, doll, stool
___2. Onto the stool.

___d. Throw the bean-bag into the box, target. Demo.

___e. Time sequencing: Demo.
___1. Hit the ball with the bat.
___2. Hit the swinging tetherball.

6. Socialization (Group games)

___a. Musical chairs
___b.
___c.
___d.
___e.

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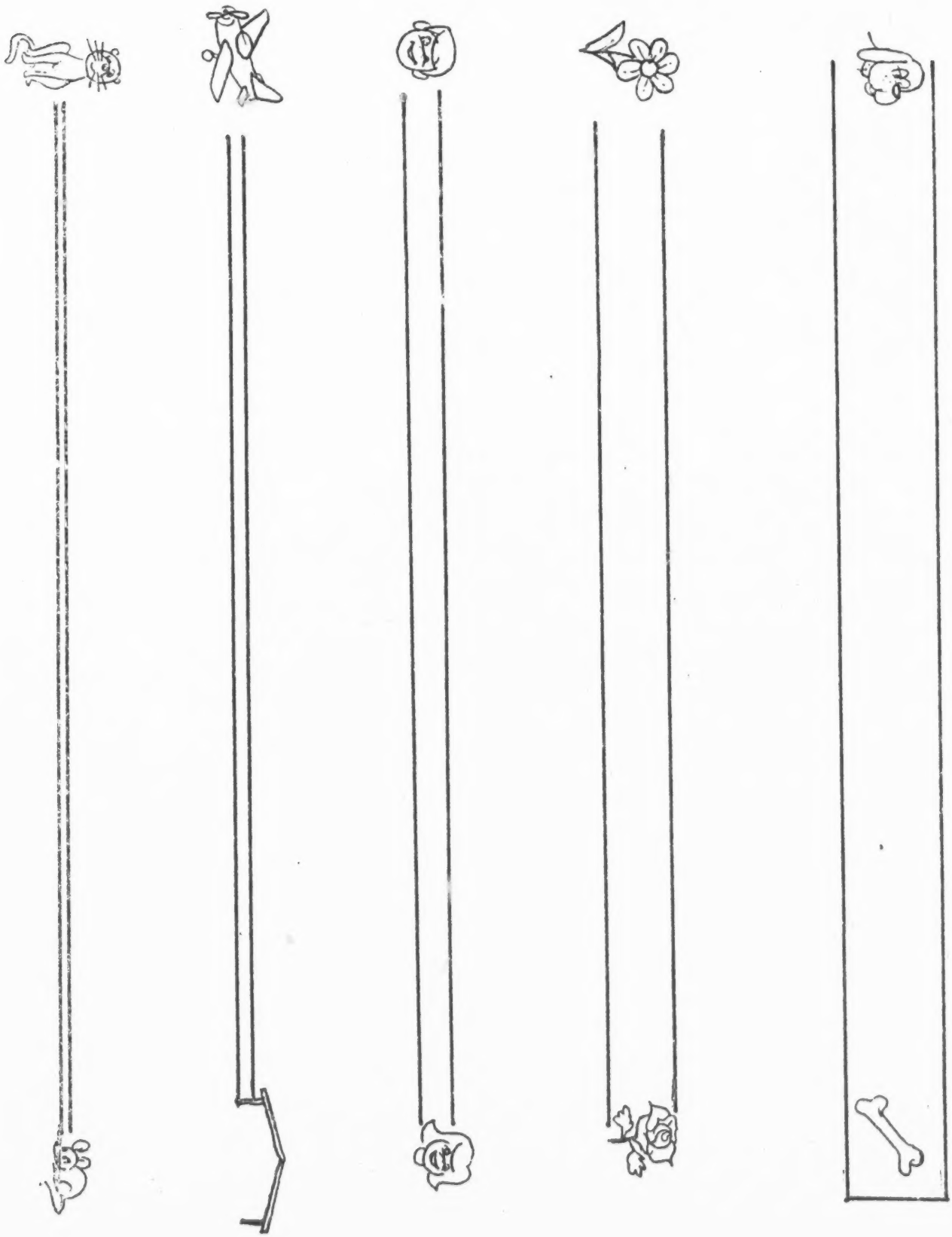
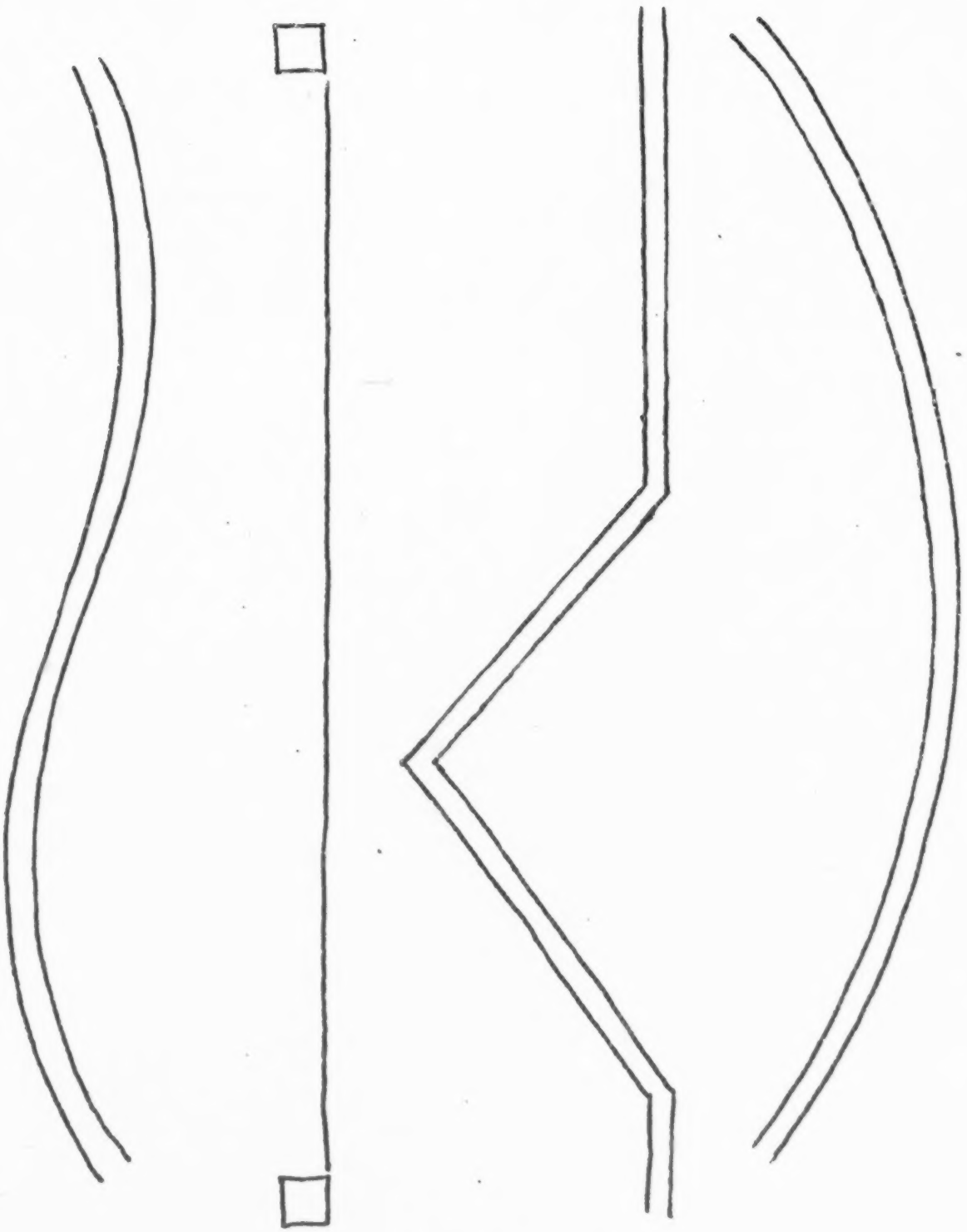
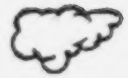
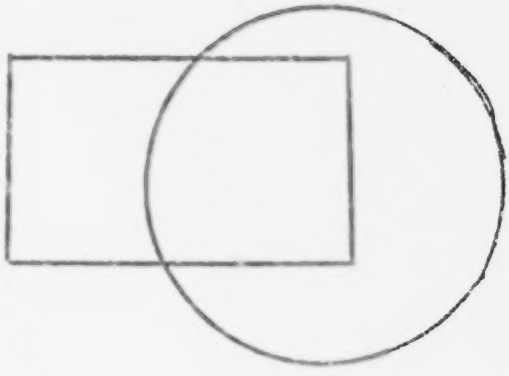
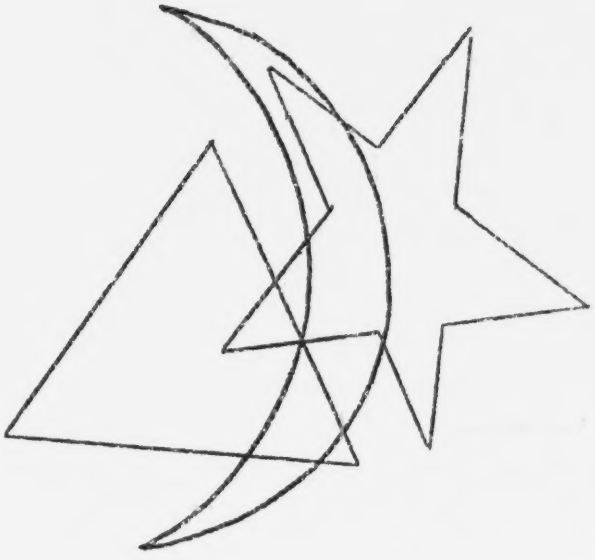
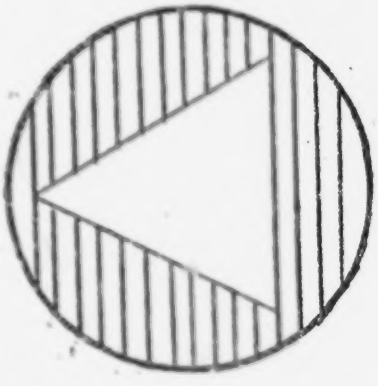


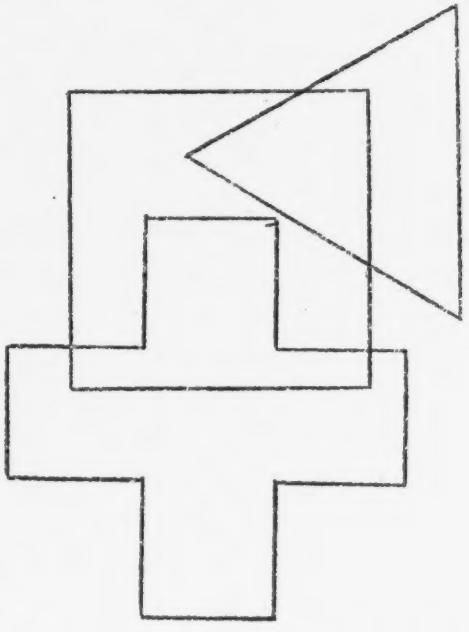












NAME OF FORM: Progress Report

INFORMATION COLLECTED: a summary of subjective evaluations made by classroom teacher and by parent regarding pupil progress as well as a summary of the goals for a child and the materials used in attainment of the objectives.

RECORDING METHOD: monthly

TERMINOLOGY:
goals - those tasks which were being taught to child.
materials used - materials which teacher utilized in working toward goal.
baseline information - the child's ability to do a task prior to formal instruction.
progress to date - gains that had been made toward achieving a goal
remaining intervention - those tasks which still needed work
general recommendation - any comments or information regarding child

IMPLICATIONS: when used on a systematic basis, this form proves to be an efficient way of communicating information about a child to teachers and parents.

PROGRESS REPORT

NAME_____ AGE____

GOALS:

MATERIALS USED:

BASELINE INFORMATION:

A. PROGRESS TO DATE:

B. REMAINING INTERVENTIONS:

C. GENERAL RECOMMENDATIONS:

_____

SIGNATURE OF TEACHER

PAGE TWO-PROGRESS REPORT

PARENT REPORT

A. Home information (consolidate weekly reports to Linda, and include any other pertinent information such as weekend activities, behavior with neighbors, etc.).

B. Progress to date: (Your feelings about your child's progress here at the preschool).

C. Specific recommendations: (We would like your ideas for future goals and activities that will enable us to help your child).

_____

SIGNATURE OF PARENT

NAME OF FORM: Task Time

INFORMATION COLLECTED: amount of time spent with particular materials or activities. Times can be summed to give a picture of the total time spent on general activities such as music. Also measures attention span in relation to a specific task.

RECORDING METHOD: continuous, duration recording

TERMINOLOGY: structured - directed lesson or activity.
unstructured - without adult supervision during non-directed activities or with an adult present but providing no direct interaction with the child.

IMPLICATIONS: indicates potential reinforcers; sheet is most effective when used with the tracking sheet. Future sheet should include whether the activity is isolated or with peers.

STUDENT: _____ OBSERVER: _____

TEACHER: _____ DATE _____ TOTAL TIME: _____

SETTING: _____

TASK	DURATION (in seconds)

NAME OF FORM: Tracking

INFORMATION COLLECTED: child's movement during an unstructured period with and without adult supervision.

RECORDING METHOD: continuous graphic recording

TERMINOLOGY: tracking - plotting the child's movement on a floor plan of the child's classroom.
comments - subjective analysis of the child's interaction with peers or adults in his immediate environment.

IMPLICATIONS: nonstandardized data will provide information on potential reinforcement areas, activities, materials, or persons in the room and if any interaction occurs with peers.

STUDENT: _____ OBSERVER: _____

TEACHER: _____ DATE: _____ TOTAL TIME: _____

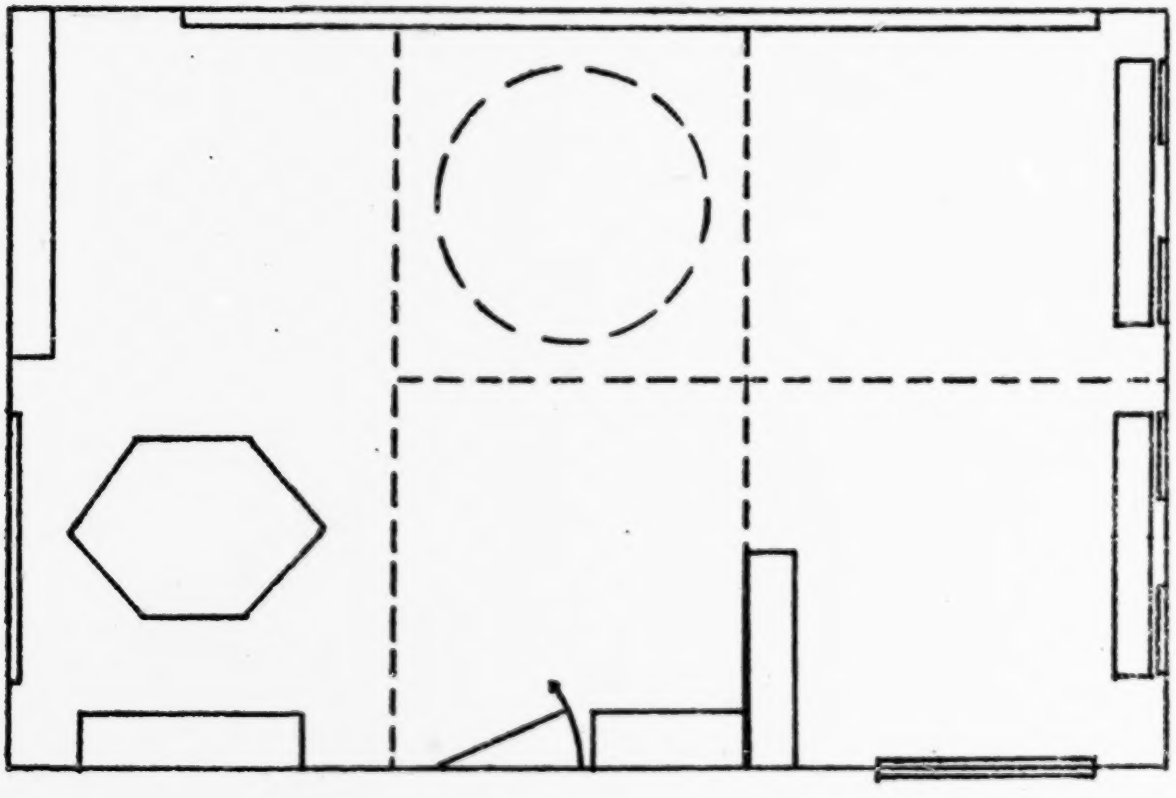
COMMENTS: _____

_____

_____

_____

_____



NAME OF FORM: Verbalization Count

INFORMATION COLLECTED: number of words, and/or sentences initiated or spontaneously offered.

RECORDING METHOD: frequency recording (count)

TERMINOLOGY: verbalization - any recognizable word or sentence emitted orally by the child.

IMPLICATIONS: form can be improved by including who the verbalizations are directed at and whether or not they are emitted spontaneously or spoken expressively.

VERBALIZATION COUNT

STUDENT: _____ OBSERVER: _____

TEACHER: _____ DATE: _____ TOTAL TIME: _____

SETTING: _____

VERBALIZATION	DATE: FREQUENCY	DATE: FREQUENCY

NAME OF FORM: Weekly Schedule

INFORMATION COLLECTED: this form was useful in program planning for individual children, coordinating teacher/child responsibilities and delineating appropriate materials for specific tasks.

RECORDING METHOD: weekly

TERMINOLOGY: terms self-explanatory

IMPLICATIONS: provides an on-going worksheet during staff meetings designed to aide teachers in the development of their individual lesson plans.

WEEKLY SCHEDULE

ACTIVITIES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
10:00 - 10:15 OPENING					
10:15 - 10:30 MANIPULATIVE & LANGUAGE					
10:30 - 11:00 CLINIC TIME					
11:00 - 11:15 NUTRITION					
11:15 - 11:30 CONCEPT DEVELOPMENT					
11:30 - 11:45 ART & MUSIC					
11:45 - 12:00 CLOSING					

R E S U L T S

The primary focus of this monograph is upon describing and developing a non-categorical preschool model. Therefore, the purpose of the results section will be to illustrate and evaluate progress made by each child. The implications and results are drawn from non-standardized data and therefore are not appropriate for statistical treatment. The standardized data that was available could not be given statistical significance because not every child had developed the pre-requisite skills required to take the tests. It was assumed that data represented would show gains made in the attainment of skills and competencies. A further function of the results is to illustrate the effectiveness of an individualized program for each child.

Figure 1 --Skills Assessment is a description of various skills that every preschool child should acquire. This table is divided into two sections - entrance which lists the skills each child had prior to beginning the preschool program and termination which lists skills that each child had acquired during the semester. This table is coded by the first name of each child. The table shows that Kristine (K) acquired twenty-two new skills, LaRanda (L) acquired twenty-six new skills, Brian (B) acquired twenty-seven new skills, Dreama (D) fourteen new skills, and Philip (P) acquired twenty new skills. Data was compiled by assimilating the skills assessment filled out by parents and teachers. Data wherever possible was compared with frequency of correct responses on the lesson plan forms to minimize subjective evaluation.

Figure 1. Skills Assessment

Skill	Entrance					Termination				
Eats with spoon	K	L	B	D	P	K	L	B	D	P
Eats with fork	K			D	P	K	L		D	P
Holds silver correctly	K	L		D		K	L	B	D	P
Holds cup with one hand	K	L	B	D		K	L	B	D	P
Spills food or drink only once during meal	K			D	P	K	L	B	D	P
Goes to toilet without help with clothing				D		K		B	D	P
Flushes toilet	K			D		K	L	B	D	P
Hangs clothing in locker				D		K	L	B	D	P
Puts on coat alone				D		K		B	D	
Buttons				D		K			D	
Manages zipper				D		K	L	B	D	P
Ties shoe laces										
Jumps from 12-inch height		L	B	D		K	L	B	D	
Skips				D					D	
Catches ball	K		B	D		K	L	B	D	P
Puts three-piece puzzle together	K	L	B	D	P	K	L	B	D	P
Puts puzzle of five or more pieces together	K		B	D	P	K	L	B	D	P
Holds scissors correctly	K		B	D		K		B	D	
Cuts on a line				D					D	
Knows full name				D		K	L	B	D	P
Writes given name						K			D	P
Follows simple directions	K			D		K	L	B	D	P
Sits and listens for at least 5 minutes	K			D		K	L	B	D	P

Skill	Entrance	Termination
Puts away blocks or toys when finished	D	K L B D P
Responds to own name	K L B D P	K L B D P
Recognizes locker	D	K L B D P
Leaves mother after one "good-bye"	K L B P	K L B D P
Looks at books from front to back	K L B D P	K L B D P
Recognizes name	K D	K L B D P
Recognizes name of at least one other child		K L B D
Reads words	K D	K L D
Can identify rhyming words		D
Can match beginning consonant sounds		D
Counts by rote 1-5	K D P	K L B D P
Counts by rote 1-10	D P	K B D P
Counts rationally 1-5		K D
Counts rationally 1-10		K D
Recognizes geometric shapes - circle, square, triangle, rectangle	D	K L B D P
Writes numerals 1-5		K D P
Speaks without baby talk	K D	K L B D
Uses personal pronouns	D	K B D
Speaks in sentences	D	K B D
Engages in conversation with other children		K D
Speaks in group situation	K	K L B D
Sings alone		K L B D
Sings songs of at least two phrases	K	K L B D

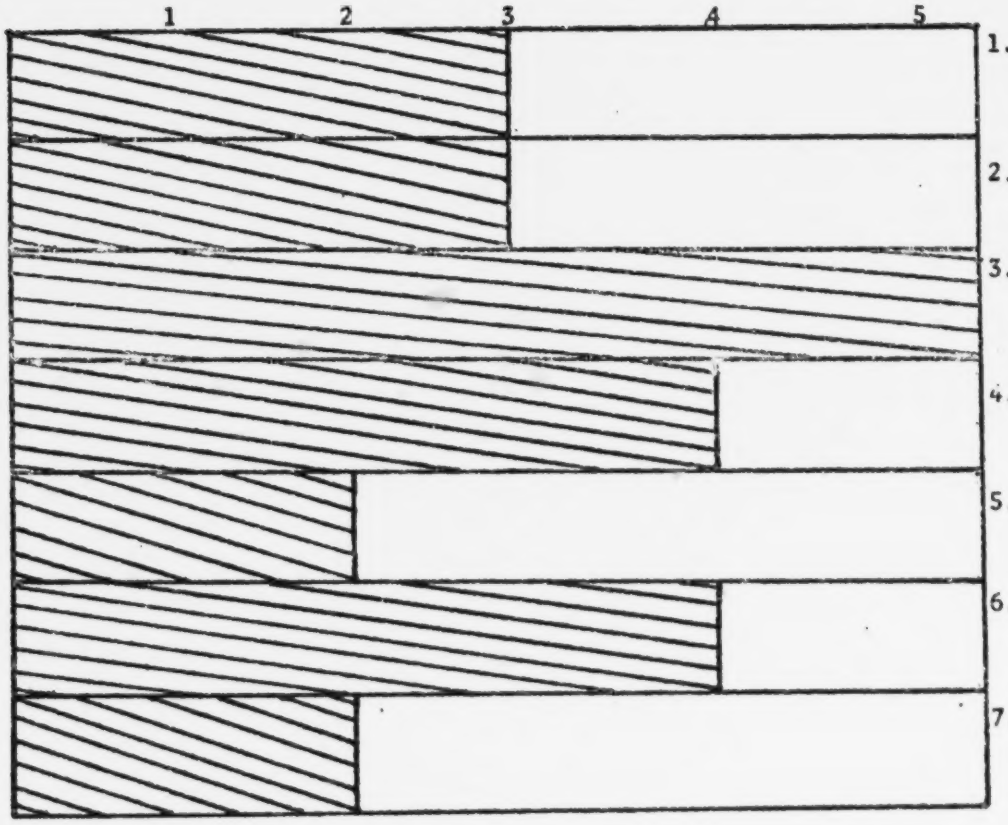
Skill	Entrance		Termination
Recognizes songs sung or played by others	K		K L B D
Draws or paints lines and circles	K	D	K D P
Draws or paints squares		D	K D P
Names (or recognizes) primary colors	K	D	K L B D P
Names at least five colors	K	D	K L B D P
Adjusts bodily movements to accompaniment of regular beat (can keep time to music)	K	D	K L B D
Adjusts bodily movements to accompaniment which involves contrasts (slow-fast, light-heavy)		D	K L B D

Figure 2 -- Competency Level measures the degree to which each child has attained the desired target behavior. The scale is divided into five ratings. A rating of one would mean a child cannot do the task, a two would indicate partial attainment of a skill under constant supervision, a three would show average ability with supervision, a four would indicate a high degree of proficiency with a minimum of supervision, and a five would indicate that the target behavior had been realized - independence at task completion. Target behaviors illustrate the final objective to which the child's program was directed at the end of the semester. It should be understood that these objectives were not an end in themselves, but represent the end in a continuum of many skills required to attain the target behavior. Seven developmental levels are indicated: behavioral, motoric, manipulative, perceptual, language, conceptual, and social and represent the main thrust of the curriculum. Evaluations were subjective and wherever possible substantiated by data collection.

Figure 2. Competency Level

NAME: Brian ADMITTANCE DATE: 1-8-73 TERMINATION DATE: May 18, 1973

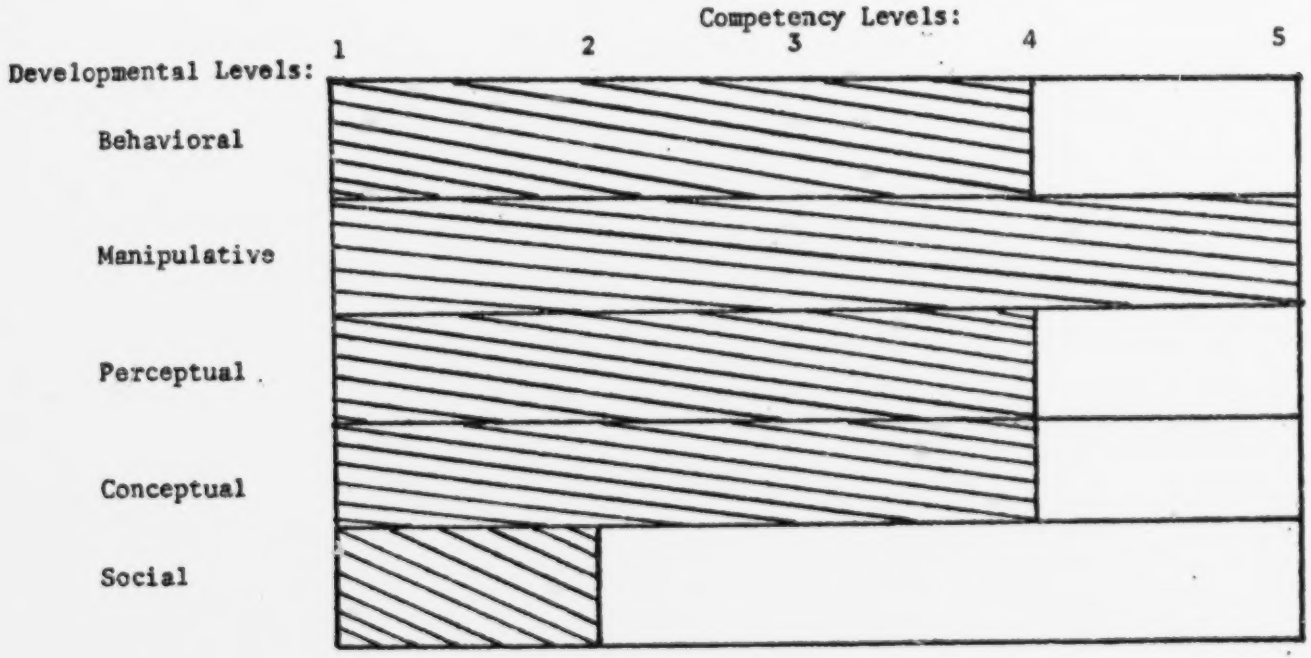
Developmental Levels: Competency Levels: Target Behaviors:



1. To interact appropriately w/peers and to use materials correctly.
2. To throw ball to a specified target.
3. To develop finger dexterity enabling student to manipulate small objects.
4. To discriminate colors and geometric shapes.
5. To imitate complete sentences.
6. To identify names of letters and numbers
7. To actively participate in group activities.

Figure 2. Competency Level

NAME: Dreama ADMITTANCE DATE: 3-22-73 TERMINATION DATE: May 18, 1973

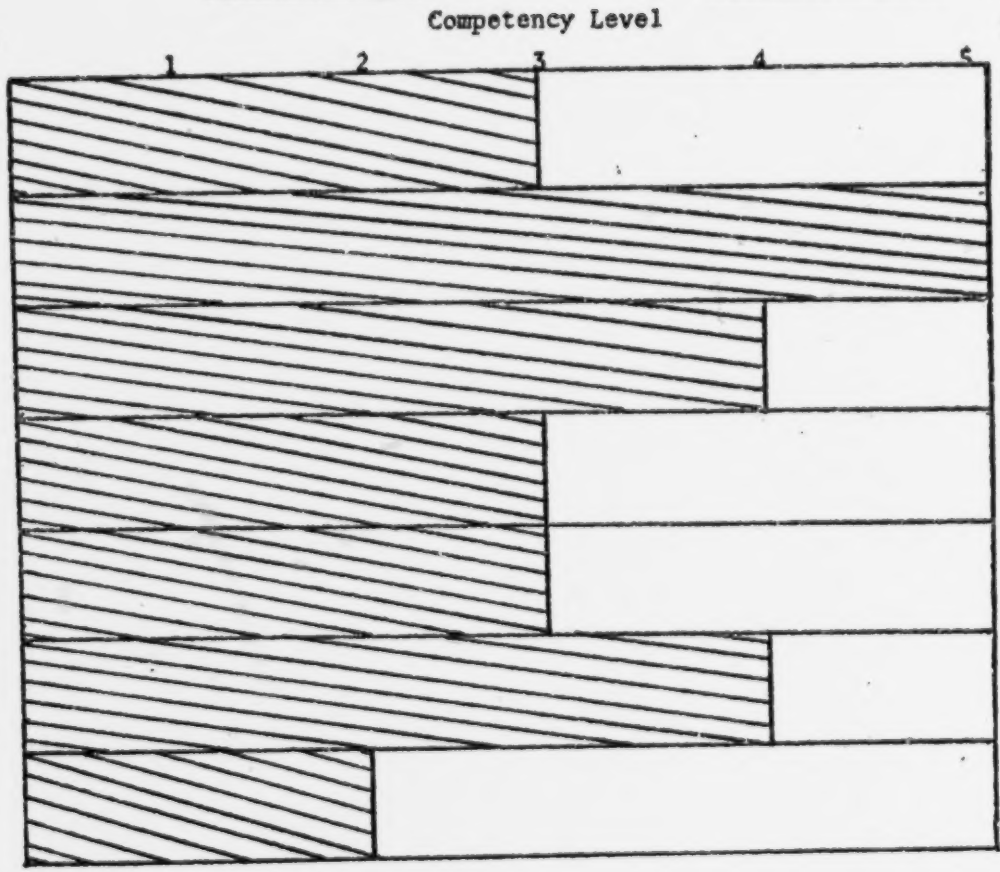


Target Behaviors:

1. To develop independency in task completion
2. To write her name in uniform manuscript letters.
3. To develop discrimination of beginning and final sounds.
4. To develop reading skills and arithmetic fundamentals.
5. To interact verbally with peers.

NAME: Kristine ADMITTANCE DATE: 1-8-73 TERMINATION DATE: April 26, 1973

Developmental Level:



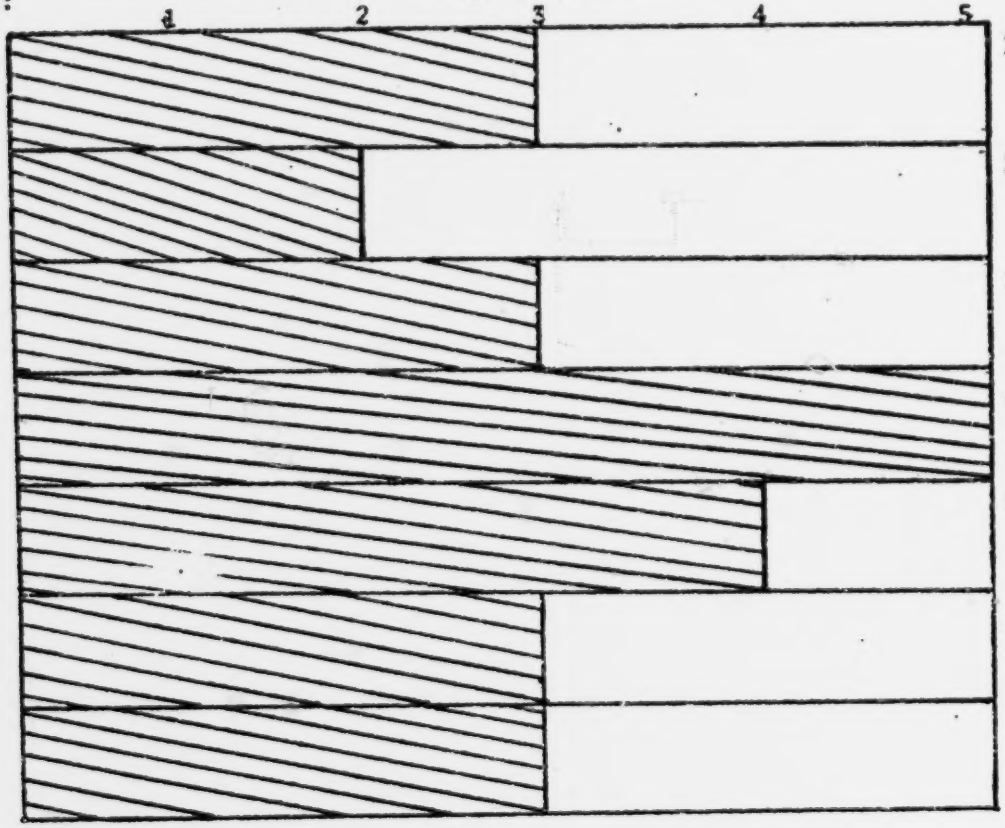
Target Behaviors:

1. To interact with male staff members.
2. To walk forward and backward on balance beam.
3. To hold pencil correctly.
4. To identify spatial relationships.
5. To speak in full sentences employing personal pronouns.
6. To develop sight vocabulary and prereading skills.
7. To receive interaction from other children.

NAME: La Randa ADMITTANCE DATE: 1-16-73 TERMINATION DATE: May 18, 1973

Developmental Levels:

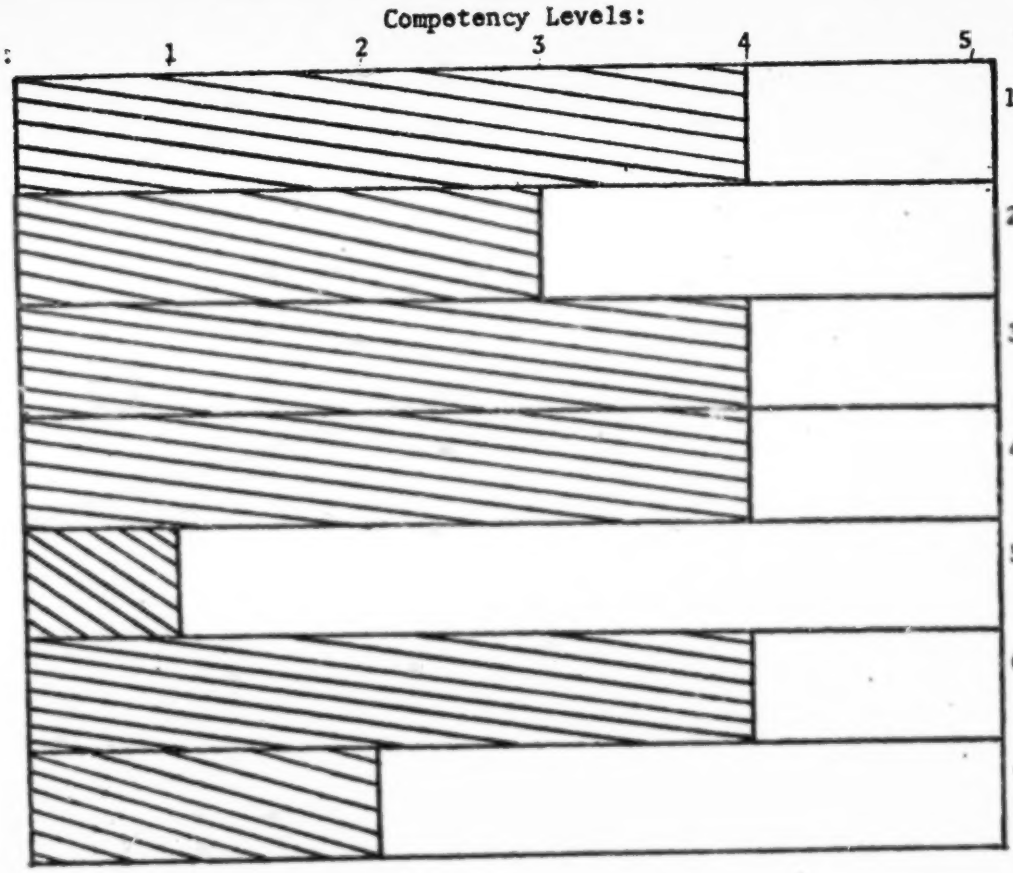
Competency Levels:



Target Behaviors:

1. To increase appropriate tactile interaction.
2. To catch and throw a bean bag.
3. To increase control of spastic left hand.
4. To discriminate between colors.
5. To verbally name common objects & increase use of nouns.
6. To verbally identify letters of the alphabet.
7. To respond to interactions initiated by others.

NAME: Philip ADMITTANCE DATE: 2-12-73 TERMINATION DATE: April 14, 1973



Target Behaviors:

1. To develop eye contact.
2. To catch and throw a ball.
3. To use a pencil appropriately.
4. To complete geometric forms.
5. To develop initial consonant sounds.
6. To name numbers and letters.
7. To interact with peers.

Figure 3 - Time-Out illustrates the decrease in time outs for a child over the semester. The ordinate represents the mean number of time outs which was computed for three consecutive days. The abscissa is divided into entrance, mid semester, and termination. Each of the major divisions are subdivided into three three-day periods. The graph shows that Brian had a mean entrance time out frequency of 3.7, which decreased to a mean of 2 during mid semester and a mean terminal time out frequency of 1. There was an over-all decrease in time outs, of 2.7. La Randa had a mean entrance time out frequency of 13, a mean of 1 at mid semester, and a mean of .3 at termination. There was an overall decrease of 1.0 in time outs. Children not depicted on this graph did not have enough time outs to compute points.

Figure 3. Mean Frequency of Timeouts During Semester

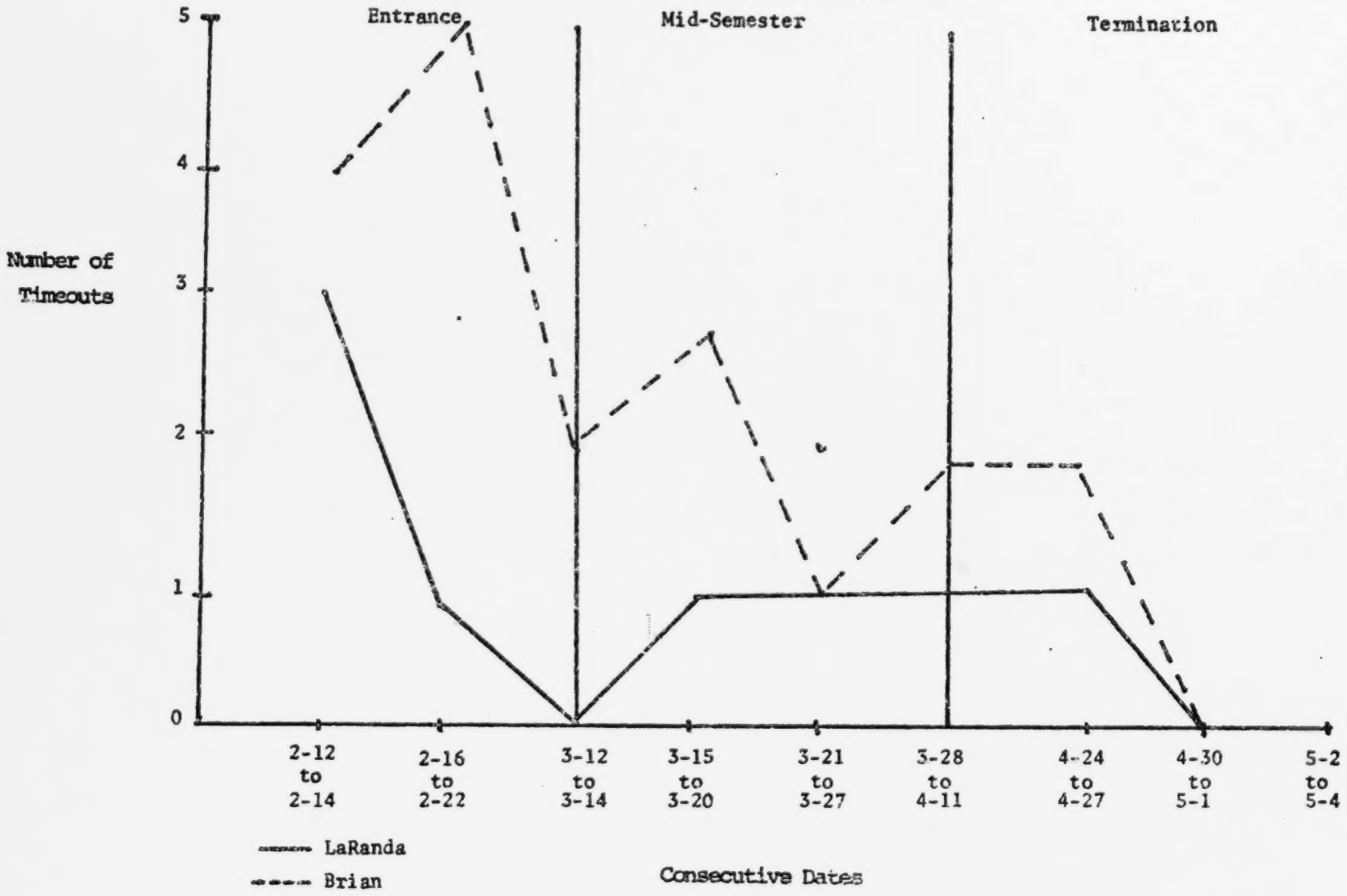
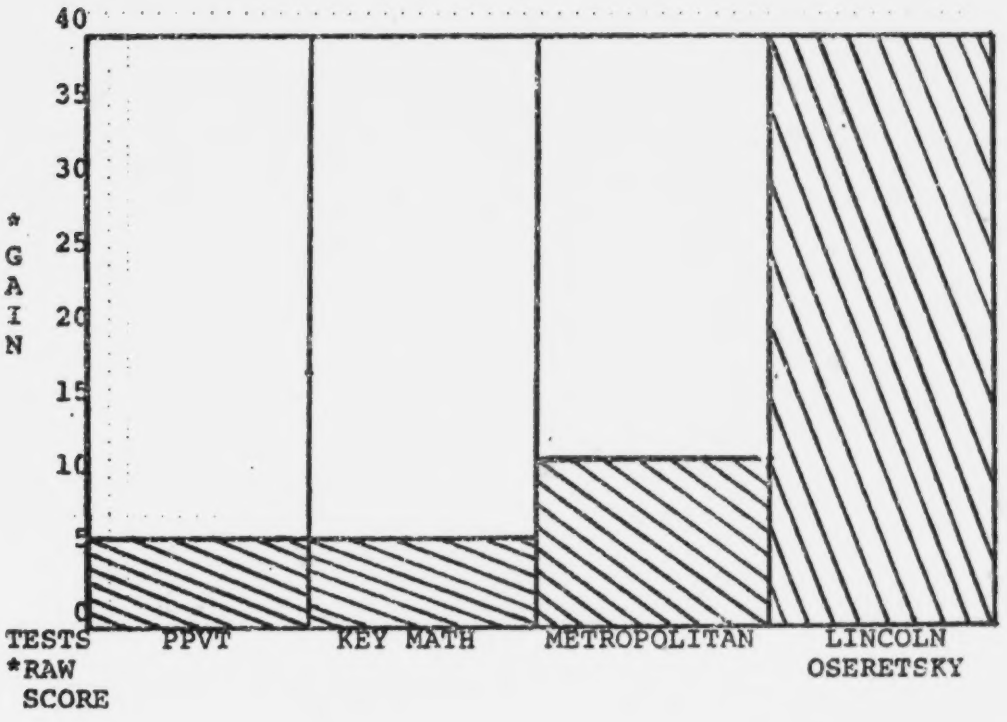


Figure 4 -- Gains in Diagnostic Test Scores is an example of the gains made by selected children on standardized tests. The tests available for diagnostic measurement were: The Key Math Diagnostic Test, The Lincoln-Oseretsky Motor Development Scale, The Metropolitan Reading Readiness Test, and the Peabody Picture Vocabulary Test. The children were administered prescriptive batteries. The figure illustrates that Kristine made gains of five points on the Peabody, five points on the Key Math, ten points on the Metropolitan, and forty points on the Lincoln-Oseretsky. In addition, it can be seen that La Randa made a gain of five points on the Peabody; she had previously not acquired the pre-requisite skills needed for taking tests. Teachers were trained in administration of individual tests. Wherever possible the assessment was made by the same teacher at entrance and at termination.

FIGURE 4. Gains in Diagnostic Test Scores

Name: Kristine



Name: La Randa

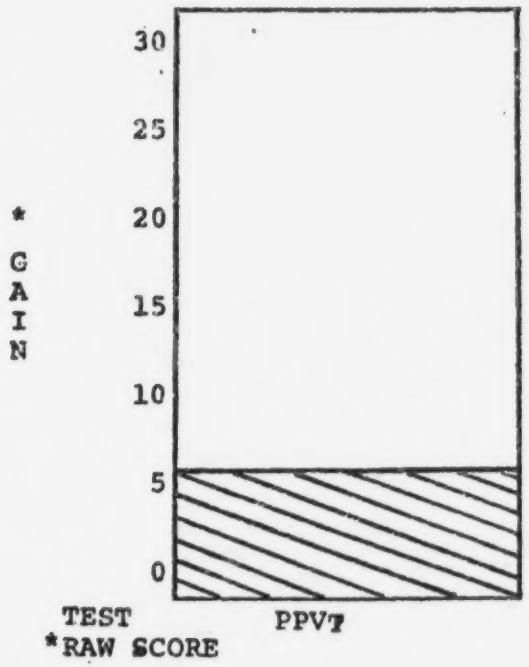
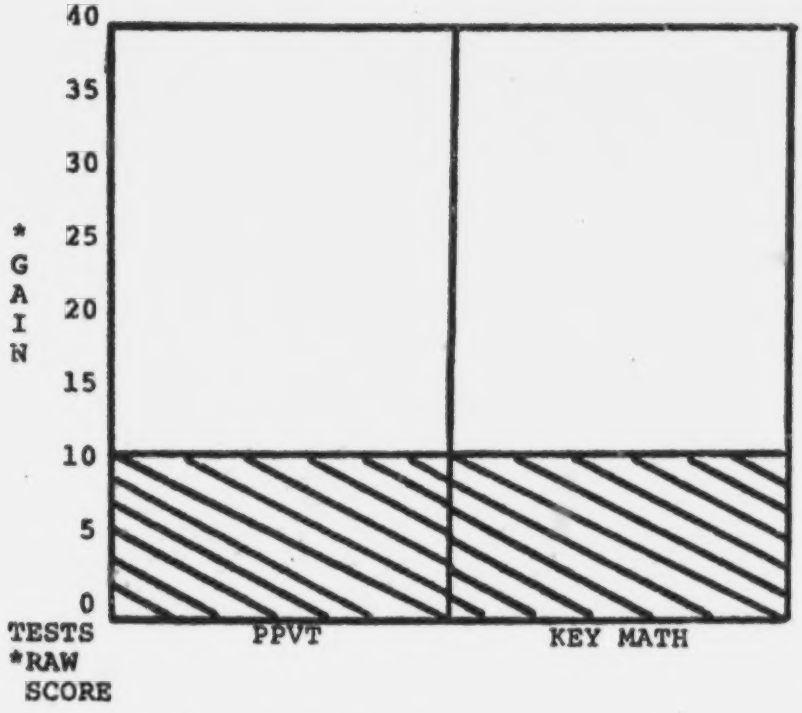


Figure 4. Gains in Diagnostic Test Scores(Cont.)

Name: Dreama



IMPLICATIONS AND CONCLUSIONS

IMPLICATIONS AND CONCLUSIONS

The purpose of the first year of the preschool was to establish a program utilizing a non-categorical approach and parent training in order to broaden the services provided by the Clinic for Exceptional Children. Because the major efforts of the preschool staff this year were directed toward developing a classroom and initiating the basic components of the program, evaluation of the effectiveness of the program was accomplished through continuous assessment of data rather than through experimental research methods. However, evaluation of the data collected this year indicates possible directions for experimental design research. Potential areas of investigation include research evaluating 1) the effect of the interaction of various types of exceptionalities upon the behavioral and academic performance of the individual child, 2) the effectiveness of parent training, 3) the effect of parents working with children with various types of problems, and 4) the adequacy of the teacher training program within the preschool.

Results from the preschool program this year illustrate the necessity for early intervention to provide essential cognitive and social skills necessary to function in a classroom situation. In addition, the parent training program provided parents with the skills and abilities necessary to supplement their functions as effective parents and teachers of their children. The primary implication from the results of the preschool program indicates the need to provide individualized programs based on the unique learning styles of each child within a non-categorical approach.

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